

NOTTINGHAM CITY COUNCIL
CHILDREN'S PARTNERSHIP BOARD

Date: Wednesday 26 September 2012

Time: 4.00pm

Place: Committee Room, Ground Floor at Loxley House, Station Street

Councillors are requested to attend the above meeting on the date and at the time and place stated to transact the following business.



Acting Corporate Director of Resources

Constitutional Services Officer: Catherine Ziane-Pryor Direct dial - 0115 8764298

AGENDA

- 1 APPOINTMENT OF CHAIR**
- 2 APPOINTMENT OF VICE-CHAIR**
- 3 APOLOGIES FOR ABSENCE**
- 4 DECLARATIONS OF INTERESTS**
- 5 MINUTES** Attached
Minutes of last meeting held 30 May 2012 (for confirmation)
- 6 REDUCING SUBSTANCE MISUSE** Attached
Report of Director of Crime and Drugs Partnership
- 7 WORKFORCE STRATEGY 2012/13 REFRESH ACTION PLAN** Attached
Report of Director of Director of Quality and Commissioning,
Children and Families
- 8 SUPERVISION FRAMEWORK** Attached
Report of Director of Support and Development, Children and
Families

- 9 **YOUTH UNEMPLOYMENT AND THE ROLE OF FUTURES NOTTINGHAM AND NOTTINGHAMSHIRE**
- (a) Report of Chief Executive of Nottingham and Nottinghamshire Futures Attached
- (b) Presentation Attached
- 10 **HEALTH AND WELLBEING BOARD UPDATE** Attached
Presentation of Corporate Director of Children and Families
- 11 **FORWARD PLAN** Attached
To note upcoming items and request any additions

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST FIFTEEN MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

IF YOU ARE UNSURE WHETHER OR NOT YOU SHOULD DECLARE AN INTEREST IN A PARTICULAR MATTER, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ON THIS AGENDA, IF POSSIBLE BEFORE THE DAY OF THE MEETING, WHO WILL PROVIDE ADVICE IN THE FIRST INSTANCE.

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<http://open.nottinghamcity.gov.uk/comm/default.asp>

NOTTINGHAM CITY COUNCILCHILDREN'S PARTNERSHIP BOARDMINUTES

of meeting held on 30 MAY 2012 at

Loxley House from 4.04 pm to 5.32 pm

✓ indicates present at meeting

Councillor David Mellen	- Chair of the Board and Portfolio Holder for Children's Services)))	
Jane Todd	- Chief Executive)	
Councillor Jon Collins	- Leader)	Nottingham City Council
Ian Curryer	- Corporate Director of Children's Services))	
Katy Ball	- Head of Early Intervention and Market Development))	
✓ Chris Wallbanks	- Programme Manager Early Intervention and Partnerships)))	
✓ Shirley Smith	- Assistant Director of Joint Commissioning)	NHS Nottingham City Clinical Commissioning
Dawn Smith	- Chief Operating Officer)	Group
Paul Scarrott	- Deputy Chief Constable	-	Nottinghamshire Police
✓ Wendy Smith	- Chair	-	CONGA (City of Nottingham Governors' Association)
✓ Sheila Wright	- Chief Officer	-	Nottinghamshire Probation Service
Graham Sheppard	- District Manager	-	Job Centre Plus
✓ Steve McLaren	- Urban Angel Project Manager	-	On behalf of the Community and Voluntary Sector
Mike Butler	- Chief Executive	-	Djanogly City Academy
✓ Malcolm Cowgill	- Principal	-	South Nottingham College
✓ Jill Robey	- Head Teacher	-	Nottingham Nursery School and Training Centre
Jane-Belinda Francis	- Head Teacher	-	Springfield Primary School
Andy Sloan	- Head Teacher	-	Rosehill School (Special School representation)

Children's Partnership Board – 30 May 2012

- | | | |
|-----------------------|---|--|
| ✓ Gareth Owen | - Head Teacher | - Hadden Park High School |
| ✓ Jean Pardoe | - Chief Executive | - Nottingham & Nottinghamshire Futures |
| ✓ Phyllis Brackenbury | - Assistant Director Children and Family Services | - CitiHealth
NHS Nottingham |
| Angela Horsley | - Clinical Lead | - Nottingham Children's Hospital |
| Lauren Davey |) | |
| Uzair Hashmi |) Youth Council | |
| Jamie Mansell |) | |
| Aaron Reilly |) | |
| Darrell Redmond | - | Nottingham Equal |

Also in attendance

- | | | |
|---|--|--|
| Simon Nickless
(on behalf of DCC
Paul Scarrott) | - Chief Superintendent | - Nottinghamshire Police |
| Lis Anderson
(on behalf of Mike
Butler) | - | - Djanogly City Academy |
| Caroline Jordan | - |) NHS Nottingham City |
| Caroline Hird | - Public Health | |
| Yiuran Mellor | - | - South Nottingham College |
| Paul Burnett | - | - Local Safeguarding Children Board |
| Jean Pardoe | - Chief Executive | - Nottingham & Nottinghamshire Futures |
| John Yarham | - Director of Economic Innovation & Employment |) |
| Satinder Gautam | - Director of Safeguarding |) Nottingham City Council |
| Zena West | - Constitutional Services Officer |) |
| Dot Veitch | - Partnership Support Officer |) |

Please note: except where otherwise indicated, all items discussed at the meeting were the subject of a report which had been circulated beforehand.

1 CHAIR

RESOLVED that Mr Cowgill be appointed as Chair of this meeting and the appointment of a Chair and Vice-Chair of the Board be considered at the next meeting.

2 APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Councillor David Mellen
- Councillor Jon Collins
- Jane Todd (Nottingham City Council)
- Ian Curryer (Nottingham City Council)
- John Rea (Nottingham City Council)
- Mike Butler (Djanogly City Academy)
- Graham Sheppard (Department of Work and Pensions)
- Angela Horsley (Nottingham Children's Hospital)
- Dawn Smith (NHS Nottingham City Clinical Commissioning Group)
- Paul Scarrott (Nottinghamshire Police)
- Peter Moyes (Crime & Drugs Partnership)
- Darrell Redmond (Nottingham Equal)
- Jamie Mansell (Youth Council)
- Lauren Davey (Youth Council)
- Aaron Riley (Youth Council)
- Uzair Hashmi (Youth Council)

3 DECLARATIONS OF INTERESTS

No declarations of interests were made.

4 MINUTES

RESOLVED that subject to minute 44 changes the minutes of the last meeting held on 28 March 2012, copies of which were circulated, be confirmed and signed by the Chair presiding at the meeting:

- (a) Sheila Wright's designation be changed to Chief Officer, Probation Service**
- (b) Jean Pardoe's designation be changed to Chief Executive, Nottingham & Nottinghamshire Futures**

5 CHILDREN AND YOUNG PEOPLE'S PLAN (CYPP) PERFORMANCE

Consideration was given to reports of the Director of Children and Families, copies of which had been circulated.

(a) End of Year Main Report

Satinder Gautam, Director of Safeguarding, presented the report to the Board. The following key information was provided:

- Safeguarding services continued to show good performance following positive unannounced inspections;
- the Family Support Strategy Implementation Plan agreed by the Board in September was signed off and had become fully operational;

- teenage pregnancy rates continued to fall and were ahead of the 2020 target;
- there were notable reductions in youth related crime, with a positive outcome to the Youth Offending Team inspection, particularly in relation to safeguarding;
- educational attainment continued to rise across all key stages and exclusion rates reduced;
- youths Not in Education, Employment or Training (NEET) levels improved and continued to buck national trends;
- there was a high demand for Social Care and Safeguarding services, with a high number of referrals and a significant improvement in Common Assessment Framework (CAF) initiation rates;
- there was an above average number of children and young people with an unhealthy weight, with continued work with colleagues in Health to address targets;
- since the decommissioning of the Youth Inclusion Programme (YIPS) there was a lack of dedicated youth crime prevention resources;
- school absence figures for primary and secondary ranked amongst the worst in the country;
- requests for Special Educational Needs (SEN) statements had increased by 60% since 2009;
- the Local Authority's ability to influence schools under the current educational system had been diminished due to an increased number of schools converting to academies;
- although Nottingham's number of children in care, at 547, was lower than its statistical neighbours, the number was still considered high;
- the number of CAF initiations had doubled
- there was a major improvement to the number of Personal Education Plans (PEPs) completed, 96% overall and 100% within just the City of Nottingham;
- there was a major improvement in the number of Children in Care (CIC) cases reviewed within timescale and the number of SEN statements carried out to timescale;
- there was a strong reduction in the number of first time entrants to the youth justice system, with positive reductions in re-offending rates and long-term analysis of detected crime showed that young people featured less;
- the Teenage Pregnancy plan was implemented, and the latest published figures showed a continued improvement;
- NEET rates continued to improve, particularly with Children in Care.

- attainment of Level 2 at 19 had improved, though further work was required to move in line with the national average.

In response to questions and comments by the Board, the following additional information was provided:

- although there was a decrease in overall offending rates, there had been an increase in rates of sexual offences and violence, which had the greatest negative impact on the community. This would be an item for consideration at the next Board meeting, with updates on what would be done to decrease rates of sexual offences and violence;
- a Youth Crime Reduction plan and a First Time Entrants plan would be required. Ken Beaumont would report back to Ian Curryer and Councillor Mellen and present an update at the next meeting of the Board;
- Edge of Care Panel meetings had started in July 2012, with two reports having been received. The Panel was conducting detailed work on where CAF referrals came from and why they were not with the children presented to the Edge of Care Panel;
- safeguarding referrals to social care did not use CAFs as these were used for lower level cases.

RESOLVED that the contents of the report be noted.

(b) Adoptions Report

Satinder Gautam, Director of Safeguarding, presented the report to the Board. The following key information was provided:

- the timescale for adoptions was 639 days, including legal and court proceedings;
- there were two clear targets in relation to the adoption process;
 - the time from a child entering care to their eventual adoption or the end of the care process;
 - the time from when a legal placement order was granted to the adoption of the child;
- the targets set were challenging;
- performance had improved, with Nottingham City Council 79 days faster than the Department for Education targets;
- Nottingham City Council was performing 4% better than the next average local authority, and 72 other local authorities did not meet the target;

- there was an expectation that local authorities would improve adoption performance year on year;
- nationally there would need to be a reduction in time to placement of 24%, or 134 days;
- nationally there was a lack of adopters, with plans being introduced to identify nationwide adopters at a central location;
- as a result of the Family Justice Review there would be reduced timescales of court processes for care proceedings from over 50 weeks to 28 weeks;
- recruitment events were being organised for difficult to place children;
- Adoption Placement Advisors were being recruited to help potential adoptive parents;
- work was being carried out to reduce bureaucratic barriers (such as black children only being adopted by black parents) and assessing on an individual basis what was best for the child;
- an external provider had been commissioned to undertake the initial adopter assessment, which reduced assessment times from 26 weeks to 16 weeks, with 40 potential adopters lined up after successful assessments;

As a result of questions and comments by the Board, the following additional information was provided:

- comparative performance against other local authorities was difficult to measure and although the City Council did not set its own targets, its placements were still three months earlier than the national average;
- there was concern that a reduction in timescales could result in more failed adoptions, but the Board was reassured that there were extensive checks for potential adopters, including checks with referees, health checks, and being interviewed at least 5 times;
- the Board felt it would be useful to compare the current adoption failure rate with future adoption failure rates to ensure that the checks in place remained robust under increased timescale pressures;
- local authorities with strong performance for quick adoption times had dedicated Children in Care Teams. The recently established Children in Care Team at Nottingham City Council would take on all future adoption work;
- Nottingham City Council has excellent measures in place already, with a failure rate of just two adoptions in the last three years;
- the Safeguarding Board would continue to assess failure risk as part of its performance monitoring function;

- whilst there was no evidence of a direct correlation between speed of adoption and sustainability of placements, there was some evidence to suggest the two could be associated;
- difficult to place children typically took longer to place, with the added delay that an assessment of a child with complex needs would have to be accurate to ensure correct placement;
- the largest rate of referral for children entering care was attributed to neglect, with chronic cases often fast tracked to adoption.

RESOLVED that the contents of the report be noted.

(c) Immunisations Report

Caroline Jordan, Senior Nurse, Public Health, NHS Nottingham City, presented the report to the Board. The following key information was provided:

- alongside a clean water supply, immunisation was the most effective public health intervention in the world;
- herd immunity, the immunisation of 95% of the population, was very important to ensure those who could not be immunised (such as children with cancer and babies under 2 months) were not exposed to infectious diseases;
- the key contributors to the effectiveness of the immunisation programme were as follows:
 - GP practices, where most immunisations were administered;
 - Nottingham CityCare Partnership, who provided the Health Visitor service;
 - Child Health Information team, who collected and collated information regarding immunisation;
 - Public Health team including the Health Protection Agency, who were consultants in communicable disease control;
 - the Primary Care Commissioning team;
 - the Children and Families Commissioning team, who worked in close relationship with the Health Visitors;
- the slides presented in the report were slightly out of date as, since they were produced, new information for quarter four had been made available;
- the overall trend in uptake of children given the Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine (DTaP/IPV) at 12 months was upwards, but Nottingham City Council still performed poorly against its statistical neighbours, with one of the lowest rates in the East Midlands;

- the percentage uptake at 12 months for 2011/12 for the DTaP/IPV was 92.4%, which was an improvement on 2010/11;
- the percentage uptake of the Pneumococcal Conjugate Vaccine (PCV) booster in 2011/12 was 89.6%;
- the percentage uptake of the first Measles Mumps and Rubella (MMR) vaccines for 2011/12 was 88.8%, and for the second MMR vaccines was 82.5%, which was an improvement over recent years;
- it had been proven that there was no link between the MMR vaccine and autism, and measles remained a highly contagious and dangerous disease which, thanks to immunisation, had less than 20 reported cases in Nottingham in recent years;
- the percentage uptake of DTaP/IPV booster vaccine by aged 5 was only 83.6%;
- by age one Nottingham City children had an uptake rate of over 90% on all five available vaccines;
- by age two Nottingham City children had an uptake rate of over 90% on only three out of the five available vaccines;
- there were issues surrounding effective uptake of vaccines and boosters which included:
 - persistent late or non-attendees at appointments;
 - vaccines were not seen as a priority for many parents;
 - it was difficult to confirm the vaccination history of migrants, who may have been on different vaccination schedules or have had limited access to vaccinations in their home country, and there could also be a language barrier for which interpreters would be required. The standard practice was to start the immunisation programme again if there was any doubt;
 - GP practices may not have had the capacity to allow Practice Nurses to make home visits to administer vaccines;
 - date reporting was variable, with internal organisational issues meaning patient records may have been inaccurate. With flexible appointments, text reminders and better record keeping, this was improving;
- several actions were identified for increasing the uptake of vaccinations:
 - there was an effort to increase understanding of population issues;
 - greater use was being made of strategic and working groups;
 - increased use of evidence such as National Institute of Clinical Excellence (NICE) papers was to be promoted;

- visits to underperforming practices were undertaken, with top tips being shared from the more successful practices;
- the importance of robust performance management of primary care and other providers was recognised;
- the importance of improvement of data management and accurate practice lists with no “ghost patients” was recognised;
- each practice would have a Designated Lead(s) for immunisation;
- practices were encouraged to have a robust call and recall system;
- practices would have flexible systems for giving immunisations, including booked appointments, opportunistic and domiciliary;
- strong links were encouraged with named Health Visitors;
- pro-active use of the Interpreting Service or Language Line was encouraged to overcome any language barriers;
- from April 2013 there would be extensive changes to the way the NHS worked. Commissioning would likely be through the new NHS Commissioning Board;
- further guidance would be needed regarding the roles of the local authority, Public Health England and the Health Protection Agency in the future provision of immunisation programmes.

In respect of questions and comments by the Board, the following additional information was provided:

- direct engagement with harder to reach groups such as migrants or those with a chaotic family life was difficult, and more concentration was given to the service delivery side of immunisation. There was some direct engagement through Health Visitors, leaflets, the Nottingham Post and other local media, but there was limited capacity for this;
- a priority for safeguarding was engagement with communities, and there was a suggestion that immunisation could be included as a safeguarding issue;
- there was a very strong link in place already with children's centres;
- parents were not overly concerned about immunisation as there had not been an epidemic recently, so the message had to be constantly reinforced;
- the efforts of Public Health and other health providers in the promotion and provision of immunisation programmes were laudable.

RESOLVED that the contents of the report be noted.

6 SAFEGUARDING BI-ANNUAL REPORT

Consideration was given to a report, copies of which had been circulated, of Paul Burnett, the Independent Chair of the Nottingham City Safeguarding Children Board (NCSCB), who presented the report to the Board.

The following key information was provided:

- the NCSCB would meet with the Children's Partnership Board twice per year;
- a major event in the last year for the NCSCB was the death of its Chair, Margaret McGlade, who the Board remembered fondly;
- the national legislative change arena was clearly impacting on the Children's Partnership;
- the Department for Education was releasing a new version of "Working Together", which was expected to be shorter. There was a risk that a shorter framework could have a negative impact;
- the Health and Social Care Bill would create new Clinical Commissioning Groups which could pose a risk. Safeguarding roles were currently with Primary Care Trusts and should transfer to the new Clinical Commissioning Groups, but it was not clear how this would operate in practice;
- the Police and Crime Commissioner (PCC) Election would be held in November 2012, which could present the following issues:
 - the PCC would be subject to arrangements under Section 2 of the Children's Act;
 - the PCC would have jurisdiction over Home Office grants for alcohol and drug abuse and community safety. This funding would no longer be ring fenced, so the PCC would be able to spend the money on something else;
 - as the PCC would be directly elected, they could potentially be swayed by public opinion, rather than reaching targets;
 - if the PCC were to remove grant money mid-way through schemes, services could be disrupted;
 - there was a need to engage with the new PCC to ensure financial decisions were taken in collaboration with other parties;
- the NCSCB and Safeguarding Adults Boards were to start working more closely together, but would still remain separate. As a result, a more holistic approach would be taken to tackling family issues;
- six requirements were identified for ensuring that the NCSCB priorities would be more closely aligned with those of the Children's Partnership Board and the Children and Young Person's Plan. They were as follows:

- the Board should be effective;
- identification was required of the key areas of risk, such as domestic abuse, sexual exploitation of children in care, and bullying;
- more effective practice in early years was required to deliver a high quality service to Children in Care;
- more focus was required on what children and young people considered were priorities;
- more engagement with service users was necessary;
- more engagement was required with health visitors, teachers, school staff, youth workers, probation workers and other frontline staff;

In response to questions and comments by the Board, the following additional information was provided:

- information packs were being prepared for all potential PCC candidates to engage on a regional level;
- there was an agreed protocol in place for the NCSCB to engage with the Health and Wellbeing Board;
- closer links were needed with Community Safety, and the NCSCB would support an ambitious partnership agenda;
- the NCSCB priorities were aligned with Probation Service priorities, with growing alignment with partnership organisations;
- there were opportunities to mainstream Safeguarding and to raise Safeguarding information in local area forums;
- it was felt to be a positive step to combine work on vulnerable adults and children, and was noted that, more often than not, there was a link between vulnerable adults and vulnerable children in most vulnerable family situations;
- there were Safeguarding Governors on Governing Bodies who would welcome a more dynamic relationship with the NCSCB;
- the NCSCB was looking to recruit more Lay Members to the Board.

RESOLVED

- (1) that the report of key developments over the last twelve months in relation to inspections, national legislative and policy developments, serious case reviews and changes to local safeguarding governance arrangements be noted;**

- (2) that the areas of future work headlined in the report and the means by which continued dialogue between the two Boards might be secured to ensure appropriate alignment of activity and continued scrutiny and challenge between the two Boards be agreed;
- (3) that the risk to safeguarding performance posed by the significant changes taking place in agencies across the partnership be recognised, and that action be taken to manage and mitigate this risk both individually and collectively.

7 CHILD POVERTY REPORT

Consideration was given to a report of the Director of Children and Families, copies of which had been circulated.

John Yarham, Director of Economic Innovation & Employment, presented the report to the Board. The following key information was provided:

- financial measures of poverty included absolute measures and relative measures;
- worklessness was the largest major risk factor for poverty;
- 70% of children in Nottingham City lived in families that received financial support for Government;
- the unemployment rate in the City was 6.6% (14,700), which was an increase of 16.1% from March 2011;
- factors contributing to the unemployment rate included:
 - the Future Jobs Fund had ended;
 - changes had been introduced to the way benefits were calculated;
 - there was a poor economic climate for jobs in general;
 - there was often great difficulty in moving from unemployment into employment, particularly if unemployment had been long term;
- there were existing strategies in place covering secure financial inclusion, provision of family support, support of employment and skills and providing early intervention;
- other local authorities invested in new poverty strategies, but it was felt that Nottingham already had a range of different strategies in place for tackling poverty;
- there was emerging work regarding complex and troubled families, with the focus on “priority families” in Nottingham;
- work was undertaken in Aspley as this was a particular geographical hotspot of child poverty;

- 50 families within Aspley were identified as those with the greatest needs based on public spend;
- the interventions for those families were identified, focusing on levels of prioritisation, focus and coordination across services;
- this study had concluded that vulnerable families were accessing predominantly universal support, with issues surrounding access to bespoke services;
- comprehensive work was being undertaken by Tim O'Neill, Director of Family Community Teams at Nottingham City Council, to provide support for priority families, which would provide the foundations of co-ordinated family support, building on the existing family support strategy;
- the strategy covered a wide range of issues and was dedicated to supporting 1,200 families over the next three years;
- the March 2012 Welfare Reform Act was expected to save £18 billion nationally by 2014/15;
- housing benefits in social housing would be limited;
- a benefits cap of £26,000 would be introduced;
- the Disability Living Allowance would be replaced by Personal Independence Payments;

Arising from questions and comments by the Board, the following additional information was provided:

- there would be wide ranging effects on the Aspley residents surveyed and on the average Nottingham citizen as a result of the welfare reforms, and general predictions would be difficult;
- families with a disabled child would be approximately £3,000 worse off per year, and more families would fall into poverty;
- the Children and Young People's Network could get involved in support, and work could be fed back to the Children's Partnership Board in future.

RESOLVED that the contents of the report be noted.

8 FURTHER EDUCATION

Consideration was given to a report, copies of which had been circulated, of the Principal of South Nottingham College, Malcolm Cowgill, who presented the report to the Board. The following key information was provided:

- the focus for education in Nottingham would be on economic factors, funding reductions and refocus, tackling rising youth unemployment, reversing the upward

trend for NEETs, employment as a final destination, and promoting apprenticeships to students;

- there were various educational establishments in Nottingham contributing to these aims, including academies, studio schools, free schools, University of Nottingham Technical College (UTC), and schools and colleges;
- the key focus would be employer related, working closely with Job Centre Plus and employment sectors;
- the City Growth Plan also promoted education, skills and training;
- individual colleges were doing excellent work promoting employment, with Top Valley Academy working closely with a global manufacturer to promote working links with its engineering students;
- though the aim would be employment, further education was often a stepping stone to employment;
- colleges would work together in partnership, but it was difficult balancing between competitor and collaborator;
- core essential skills were still English and Maths. Education in the City was not just about further education and technical skills, employment skills were also vital;

In response to questions and comments by the Board, the following additional information was provided:

- though the desirable outcome was for students to find employment, it was recognised that better education could lead to a better job, and it would not always be in all students interests to encourage them into employment as soon as possible;
- the future downgrading of vocational qualifications would result in a decline of league table levels;
- schools would need to be brave in order to go against government proposed league table changes, as they would need to decide between offering courses that were best suited to individual students, or for achieving league table success;
- it was agreed that the priority should be what is best for the pupil, and that it would be ideal if the Local Authority showed support for this course of action;
- if focus was switched to league table success, it would be less profitable for City children;
- it was agreed that Nottingham should investigate other ways of measuring success to justify this approach in the long run, such as tracking young people into employment and celebrating success;

- despite losing some very good youth employment programmes, Nottingham was performing extremely well on 16-18 years old youths in education or employment (EETs). Continued engagement was required with Job Centres;
- having young people in work or education reduced social problems.

RESOLVED that the contents of the report be noted.

9 KEY MESSAGES AND ITEMS FOR INFORMATION

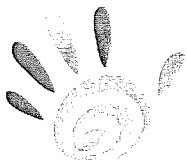
RESOLVED

- (1) that the meeting of the Children's Partnership Board scheduled for 27 June be cancelled, due to conflicts with the Olympic Torch Relay, in which several Board members were involved;
- (2) that following meeting dates be agreed: 26 September 2012, 19 December 2012, 27 March 2013.

10 FORWARD PLAN

RESOLVED that the following agenda items be agreed for future meetings:

- Appointment of Chair and Vice-Chair
- Reducing Substance Abuse



Title of paper:	Reducing Substance Misuse	
Report to:	Children's Partnership Board	
Date:	26 th September 2012	
Relevant Director:	Peter Moyes	Wards affected: All
Contact Officer(s) and contact details:	Melanie Gardner Strategy and Commissioning Officer Melanie.gardner@nottinghamcity.gov.uk 0115 8761038	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		X
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.		
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
Summary of issues (including benefits to customers/service users):		
<p>Responsibility of young people's substance misuse has now formally transferred to the Crime and Drugs Partnership. We need a full review of the system to ensure the development of services continue to meet changing need.</p> <p>This would include;</p> <ul style="list-style-type: none"> • Reviewing the effectiveness of current provision for young people's substance misuse prevention and treatment, including performance and value for money • Identifying whether the system is fit for purpose against the need and evidence base • Making recommendations based upon the review about the future model and or retendering of the system 		
Recommendations:		
1	Board Members to note the contents of the report	
2	Board Members to note that the review is being undertaken and support the team in carrying this out	
3	Board Members to note financial risks in budget planning for 2013/14 and commit to this agenda when planning finances	

1. BACKGROUND

This report describes drug and alcohol use by under 18's and its impact upon under 18's. Since 1st April 2012 this agenda has been managed within the Crime and Drugs Partnership, but the agenda is still addressed within the wider children and family context and not in isolation.

Nationally there are two strategies that outline the Government's response to tackling drug and alcohol misuse; The 2010 Drug Strategy: Reducing Demand, Restricting Supply, Building Recovery and the 2012 Government Alcohol Strategy.

Locally we have been working on a Drugs and Alcohol Strategy '*Nottingham Drug Strategy: Prevention, Treatment and Restricting Supply (2012-2015)*' and '*Nottingham Alcohol Strategy*', both of which address young people's drug and alcohol consumption within the themes of Prevention and Treatment whilst considering the national strategies. Enforcement, control and supply in relation to young people's alcohol and drug use are addressed in the strategies and should be seen alongside prevention and treatment. However this report will not focus on enforcement.

We know that there is a real lack of local prevalence data in relation to children and young people's substance misuse and the most recent local needs assessment highlights that we need a full review of the system to ensure the development of services continue to meet changing need. A summary of the Children and Young People's Substance Misuse Needs Assessment can be found in Annex A.

Service provision for this agenda is set around three themes;

- Prevention and Early Intervention
- Treatment
- Impact of Parental Substance Misuse

The DrugAware programme takes the lead for **prevention and early intervention** through an education based programme. **Treatment** is provided by Compass Young People's Service and Head 2 Head for young people with dual diagnosis. What About Me? provide a service for young people **affected by parental substance misuse**.

The enforcement aspect of young people's substance misuse needs to be seen in this context to ensure the whole agenda is joined up and it is important we consider this in moving forward.

Performance

To date performance for operational objective 9 has not been target driven but has been measured through indicators based on the previous years performance. As we move forward with this agenda we need to decide how we present the outcomes we are seeking from the CYPP. The indicators are highlighted in blue. A narrative accompanying the data is provided in numerical order below.

		Outturn 2009/10	Outturn 2010/11	Outturn 2011/12	2012/13 Q1
1.	Drug Offences committed by under 18's	216	250	142	43
2.	Number of new presentations to young people's specialist drug and alcohol treatment	214	209	211	57
3.	Percentage of new alcohol presentations to young people's specialist drug and alcohol treatment	16.0%	16.0%	17.2%	14.9%
4.	Percentage of referrals from Children and Family Services	40.0%	44.0%	44.0%	12.31%

	Percentage of referrals from Education Services				30.76%
	Percentage of referrals from Health and Mental Health Services				1.54%
	Percentage of referrals from Substance Misuse Services				0.00%
	Percentage of referrals from Youth Justice				50.77%
	Percentage of referrals from Family and Friends				4.62%
5.	Percentage of young people leaving treatment in an agreed and planned way*	64.7%	66.0%	75.0%	78%

*Treatment completed drug free (self assessment) or occasional user or transferred to another provider, in custody or not in custody.

1. This is recorded by the Nottinghamshire Police.
2. The number of new presentations to treatment is improving on last year, although we don't know whether that is because more young people are in need of treatment or whether it is because we are getting better at *identifying* those in need of treatment.
3. The percentage of new alcohol presentations to specialist treatment only refers to the number of young people in treatment during quarter 1. The actual number of new presentations with alcohol will only be available from providers and not through the national recording system. This figure also only refers to those young people who have alcohol identified as their primary substance. If we were to include all young people in treatment during quarter 1 with alcohol as their secondary drug this would increase to 59%. Work is underway to improve the referrals from Health, including sexual health, which we feel will impact on increasing the number of young people in presenting with alcohol issues. A research project into the prevalence of alcohol use amongst young people will be completed in December which will help to identify whether we should be seeing more young people in services with alcohol issues.
4. The number of referrals from children and family services appear to be low. This is due to changes to the reporting of referrals by the National Treatment Agency. Previously referrals from education services were included, but as you can see these have been extracted. This now gives a much more accurate figure of the referrals from Children and Family Services. It is important to note that we are working on improving the referrals from other sources (Health in particular). This will have an effect on the perceived percentage of referrals from Children and Family Services.
5. This has continued to improve and now reflects the national picture (79%).

Performance measures in place against operational objective 9 need to be improved as acknowledged in the CYPP year 1 review. The measures do not tell us anything about the impact of parental use on children and young people. Improvements to the current indicators (above) for measuring the reduction of substance misuse by young people will provide us with more robust evidence as to whether the system is having an impact on reducing substance misuse.

This is a new agenda for the Crime and Drugs Partnership and it is acknowledged that more in depth knowledge of the need in relation to current provision and its relationship within the wider Children and Family Services is required. Further involvement of young people in the commissioning process will ensure we have a greater understanding of their views and we can act upon this accordingly.

Funding for this agenda has increased substantially over the last few years and treatment services have been remodelled to reflect this and have grown organically through this process. Alongside this Children and Family services have been restructured significantly. There will also be imminent changes with the Police and Crime Commissioner and the Health and Wellbeing Board which need to be taken into account when planning the future. In order to continue making the right commissioning decisions it is important that we review the system and decide on whether it needs remodelling.

We know that prevention and early intervention is a key factor to ensuring children and young people make informed choices and know where to get support. DrugAware continues to lead the way in the City in relation to drug and alcohol awareness in education settings. Where schools are not signed up to DrugAware we need to support them to do this. By the end of quarter 1 2012/13 there were 54 education providers out of 123 in the City that have achieved DrugAware status.

Not enough is known about what young people are doing in relation to drugs and alcohol locally. Data is available from Children and Families Services for those children and young people that they are in contact with but this largely only includes those that are in contact with services. We have initiated a project to build upon our prevalence data for young people using alcohol, by using partnership data and undertaking consultation with young people and key professionals to understand better the situation locally.

We also know that we need to improve the local indicators for measuring the CYPP objective 9 to ensure that we know whether we are having a real impact on reducing substance misuse amongst young people and the impact of parental use on young people. Outcome data is currently available but is only completed for 16 and 17 year olds that leave treatment in an agreed and planned way. There are plans nationally to improve this data by expanding it to include all ages and by improving the data collected to reflect young people's needs.

A lot is known about those in treatment. We know that overwhelmingly young people present with cannabis and or alcohol issues. We also know that young people referred from Children's Services (45% Children and Family Services including education, excluding looked after children and 42% YOT). There is a gap in referrals from targeted youth support, health services, and other criminal justice routes. Work is underway to strengthen these referral pathways. The Family Support Pathway model should also help to ensure specialist services are accessed appropriately as there should be no wrong door in accessing support.

2. PROPOSAL

To review the Young People's Prevention and Treatment System

This would include;

- Reviewing the effectiveness of current provision for young people's substance misuse prevention and treatment, including performance and value for money
- Identifying whether the system is fit for purpose against the need and evidence base
- Making recommendations based upon the review about the future model and or re-rendering of the system

Recommendations

Board members;

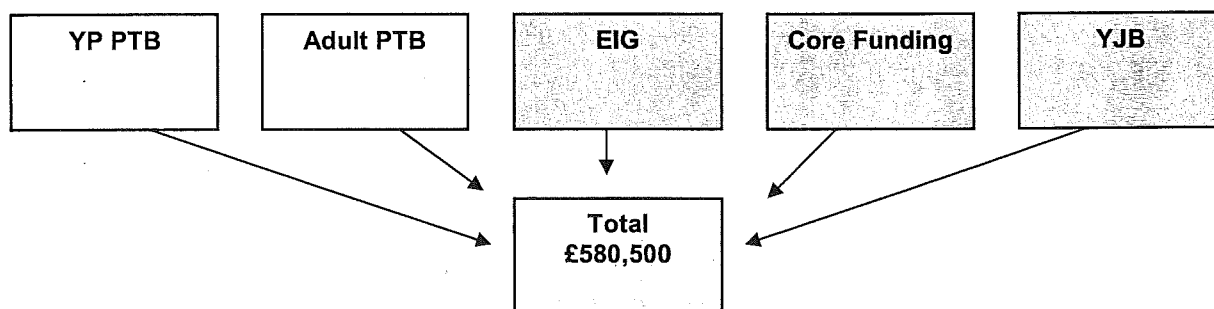
- to note the contents of the report
- to note that the review is being undertaken and support the team in carrying this out
- to note financial risks in budget planning for 2013/14 and commit to this agenda when planning finances

3. KEY RISKS

- The review identifies that the current system does meet the needs and does not need changing, and the required funding for 2013/14 is realised and nothing changes, we have not identified anything new from the review
- The review identifies the current system does meet the needs and does not need changing but required funding for 2013/14 is not realised and we end up having to remodel the system when we know it works
- The review identifies the current system does not meet the needs and the required model needs more funding than we have at present
- The review identifies the current system does meet the needs and the required model is more cost effective and is an opportunity for improving value for money

4. FINANCIAL IMPLICATIONS

The prevention and treatment agenda is jointly funded across The Young People's Pooled Treatment Budget, Adult Pooled Treatment Budget, Early Intervention Grant funding, Core Children and Families Funding and the Youth Justice Board.



The amount of Early Intervention Grant, Core and YJB Funding into prevention and treatment is decided locally. As highlighted above there is a risk that the level of local funding next year will be reduced.

5. LEGAL IMPLICATIONS

There are no legal implications to be considered

6. CLIENT GROUP

All children and young people (0-18years).

7. IMPACT ON EQUALITIES ISSUES

Equality Impact Assessments will be undertaken as per the Nottingham City Council's Policy.

8. OUTCOMES AND PRIORITIES AFFECTED

This affects all priorities with a particular focus on Reducing Substance Misuse.

CONTACT DETAILS

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Crime and Drugs Partnership

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0115 8765706

ANNEX A

Children and Young People's Substance Misuse Needs Assessment 2010/11

Executive Summary

Children and young people's substance misuse should be addressed in the context of the wider children and family agenda and not in isolation. All children and young people are potentially at risk of misusing alcohol and or drugs. However, evidence suggests that young people in certain vulnerable groups are more at risk of misusing substances. Every Child Matters identified the following groups are at increased risk; looked after children, children affected by parental substance misuse, young people in the criminal justice system, persistent truants and excludes; homeless, involved in prostitution, teenage mothers and those not in education, employment or training.

Overall, (excluding children affected by parental use) it is estimated that there are potentially just less than 6000 vulnerable children and young people within the city that because of their vulnerability may be more at risk of using substances. This statistic may be an over estimate as some young people have multiple vulnerabilities and will fall into more than one vulnerable group and subsequently will be double counted.

There is a lack of robust prevalence data for children and young people's substance misuse. Whilst conclusions can be drawn from some national surveys, the estimates of use has its limitations and it is difficult to draw upon an estimate number of users. It is estimated that approximately 1,096, 12-16 year olds drank alcohol every weekend or every week and approximately 3,046 11-17 year olds used drugs within the last year, cannabis being the most prevalent drug used. It is estimated that around 450 (11-15 year olds) will have used drugs in the last year more than 6 times.

Drug and alcohol use by young people has declined but those that are drinking are generally drinking more. Cannabis and alcohol are the most prevalent substances being used, either on their own or together. Young People are more likely to use substances the older they are and there is no significant difference between males and females prevalence. Of those in treatment, cannabis and alcohol are the most used substances (on their own or poly drug use). In Nottingham we have a higher proportion of cannabis and alcohol users in treatment when compared nationally. Young People in the older age bracket (15-17) represent the majority of those in treatment, however females are under represented. There is a lack of prevalence data around ethnicity, however from what we do know young Black people are over represented and Asian young people are under represented in treatment.

There are two specialist substance misuse services, Compass that provide outreach for any young person in need of specialist treatment and Head 2 Head who provide a dual diagnosis service. The number of young people referred into treatment is going down and this is reflective of the national picture. The average length of time in treatment is 5.1 months with 65% successful completions compared to 75% nationally.

Much work has been done to put systems in place to identify, share information and support children and young people affected by parental substance misuse. Based on the Hidden Harm Report calculations we can estimate that there are potentially just under 6000 children and young people affected by parental drug misuse in Nottingham. This is the estimated number of adults dependant on heroin, crack, powder cocaine, amphetamine or tranquillisers as identified in the Adult Drug Treatment Needs Assessment. However this statistic does not take into account parents/carers who are dependant upon other substances including alcohol and adults who are not in treatment. The majority of referrals into the specialist support service for children and young people affected by parental substance misuse (What About Me?) are for children affected by alcohol misuse.

The DrugAware programme continues to be at the forefront of prevention and raising awareness of substances and early intervention with young people. Schools are still achieving the award and Compass Education Link Workers linked to the scheme are proactively engaging with schools and other education providers, including those responsible for vulnerable young people to identify support needed by young people.

Operational Objective 9: Reducing Substance Misuse

*Lessen the impact by parents and reduce use
amongst children and young people*



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What does this mean?

- Prevention
- Specialist treatment for under 18's
- Children affected by parental use
- *What about enforcement?*



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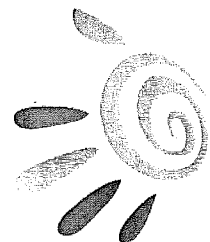
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Performance

	2009/10	2010/11	2011/12	2012/13 Q1
Drug Offences committed by under 18's	216	250	142	43
Number of new presentations to young people's specialist drug and alcohol treatment	214	209	211	57
Percentage of new alcohol presentations to young people's specialist drug and alcohol treatment	16.0%	16.0%	17.2%	14.9%
Percentage of referrals from Children and Family Services	44.0%	44.0%	44.0%	12.31%
Percentage of young people leaving treatment in an agreed and planned way	64.7%	66.0%	75.0%	78%



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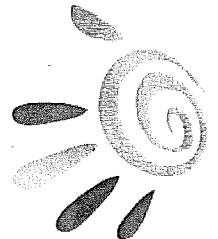
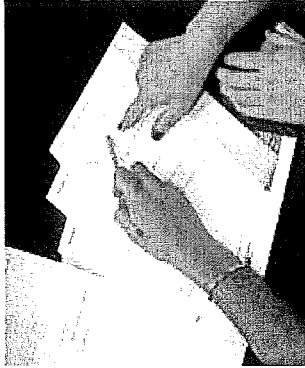
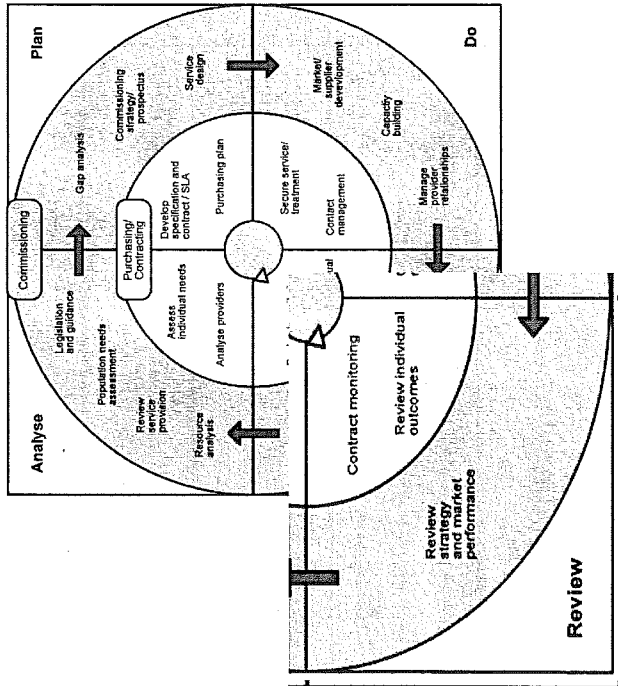
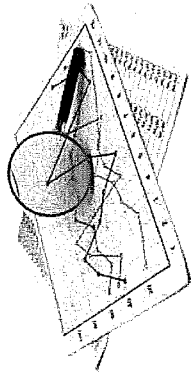
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Proposal



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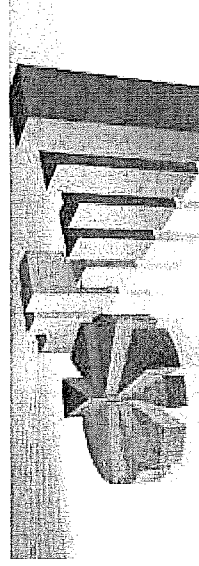
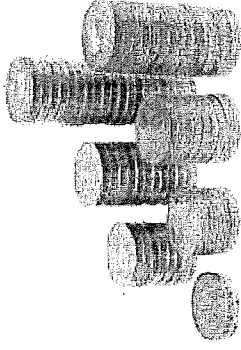
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Why?

- Funding risks
- Clarify Need
- Consider Children and Families Structure
- Review local performance indicators
- Commissioning changes



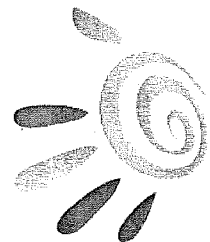
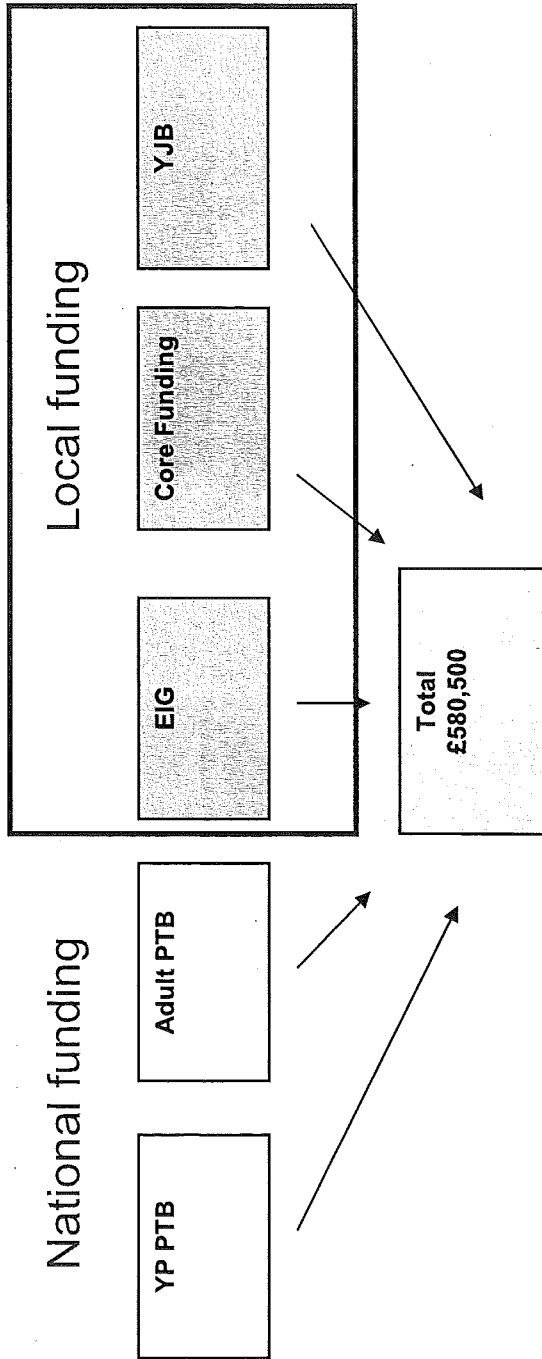
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Financial risks



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GROUP OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

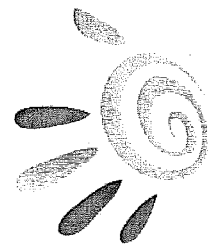


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Recommendations

Board Members to note;

- The contents of the report
- The review is being undertaken and support the team in carrying this out
- Financial risks in budget planning for 2013/14 and commit to this agenda when planning finances



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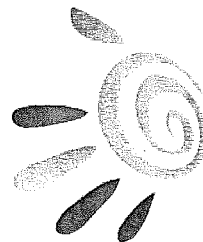
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Discussion Groups

1. How would you improve the CYPP indicators to show the impact on reducing substance misuse amongst young people and the impact of parental use on young people?
 - What is the outcome we want to see?
 - What indicators will show us this?

2. How can we engage young people more effectively in the commissioning and development of this agenda?

3. Taking into consideration what you know about Children and Family Services. How do you think young people's substance misuse services should be modelled in the future?



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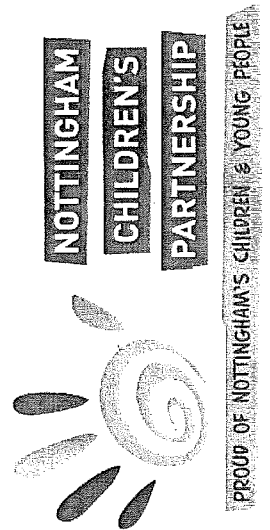
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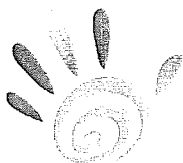


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Discussion Groups

Feedback and Questions





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7

Title of paper:	Nottingham Children's Partnership Workforce Strategy 2012/13 refresh Action Plan	
Report to:	Nottingham Children's Partnership Board	
Date:		
Director(s)/Corporate Director(s):	Candida Brudenell, Director of Quality and Commissioning Children's and Families	Wards affected: All
Contact Officer(s) and contact details:	Elaine Mitchell, Integrated Workforce Strategy Manager Pat Whitby, Partnership Manager (Schools) Jackie Brocklehurst, Head of Workforce and Organisational Development, CityCare Partnership Janet Lewis, Chief Executive Base 51	
Other officers who have provided input:	Children's Partnership Workforce Strategy Group	
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Safeguarding and Early Intervention - Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties		✓
Strong families - More families will be strong and healthy, providing an enjoyable and safe place for children to grow up		✓
Healthy and positive children and young people - Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions		✓
Achievement - All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning		✓
Economic well-being - Child poverty will be significantly reduced		✓
Summary of issues (including benefits to customers/service users):		
<p>This report provides the Partnership Board with the opportunity to:</p> <ul style="list-style-type: none"> To note the achievements and changes of circumstance from the 2011/12 Action Plan (Appendix B). Approve the Nottingham Children's Partnership Workforce Strategy refreshed Action Plan 2012-2013 (Appendix A). To note the line of sight with the Children and Young People's Plan. To note the wider engagement and involvement in each Sector to produce the refreshed Action Plan. <p>The Workforce is central to achievement of the Children and Young People's Plan. We can only achieve the Partnership's vision through recognising this central role the workforce plays through dedication and tenacity to improve outcomes for children and young people in the City. The Partnership Board agreed the Partnership Workforce Strategy 2010 - 2014 and first year actions in June 2010. This report outlines the next steps for 2012/13 and the third Action Plan, in line with</p>		

the Children and Young People's Plan refresh.	
Recommendations:	
1	That the Board approves the Partnership Workforce Strategy Action Plan for 2012/13.
2	The Children's Partnership Workforce Strategy Group monitor and report back progress to the Partnership Board on the Action Plan in an end of year report.

1. BACKGROUND AND PROPOSALS

1.1 The Workforce Strategy has been developed by our Children's Workforce Partnership Group and this Action Plan is the third year of the action planning process; representatives are drawn from each sector to support a collaborative and cohesive approach to whole workforce matters. This Group have met regularly and shown commitment to integrated processes and practices and has collaborated on a number of projects across the Partnership.

1.2 Of the 23 identified actions in the 2011/12 Plan, 14 actions (61%) were reported as having been completed, 8 (35%) had parts completed but have encountered issues and have experienced delay in total completion. 1 action (4%) has been put on hold until further notice, as decided by the Partnership Board in January 2012, on workforce data collection across the Partnership. The attached **Appendix B** details each objective and its progress. Some of our major successes have been in delivering Every Colleague Matters Events building a better understanding between Children & Families and Adults Service, promoting a "Whole Family Approach" with integrated working practices between Childrens and Adults Services, Piloting a Family Community Practitioner Programme (FCPP), increasing capacity and updating content on Safeguarding Training, increasing numbers of Health Visitors is on target and KIDS E-learning has been rolled out, as well as having a cross agency mix of candidates on the Regional Leadership Integrated Children's Services programme within the Childrens Partnership.

1.3 We include a detailed third year Action Plan based on the Children and Young People's Plan cross cutting principles (**Appended A**). The new Action Plan for 2012/13, has been developed and aligned with the Children and Young People's Plan Refresh and we have reviewed changes to policy and practice nationally and locally which will impact on workforce issues.

1.4. Within the new Plan we have carried over existing actions that have been delayed but are progressing, such as, implementing ContactSearch across a range of agencies (220 users) as this is really taking off now with additional funding being sourced, developing the Family support pathway tool-kit and building on the package of development to jointly train health and social care together i.e. strengths based communication, solution focused therapy.

1.5 New Actions are very much identified to build on the good work already in place and new ways of working in an integrated setting. We have actions around 'Troubled Families', locally referred to as Priority Families of developing a new training package for colleagues supporting this new work stream, including identifying Signs of Safety approach; contributing to building a quality school workforce; embedding a new Supervision policy and framework across the Partnership; taking learning from the newly formed Domestic Abuse Referral Team (DART) to support integrated working practices for the Multi Agency Safeguarding Hub (MASH) which will take all safeguarding adult and child protection enquiries in the City. We have 17 Actions to be monitored over the next 12 month period, which will be reported to this Board.

1.5 Some of these actions will be funded from sector specific budgets whilst others will need a level of collaboration by a number of agencies to get the projects moving. We will also need to consider in the coming year links with our Vulnerable Adult workforce and economies of scale for efficiencies of services. This year we are extending our annual conference to include our Adult colleagues on the topic of Embedding Good Supervision Practice.

2. RISKS

This Strategy will support the achievement of the objectives within the Children and Young People's Plan. The risks in delivering the Action Plan are associated with ensuring all Partners are fully engaged with CYPP, even though this is no longer a statutory requirement. The risk of not undertaking these activities is that the central role the workforce plays and the integration to realise benefits for Children and Young People will not be achieved.

3. FINANCIAL IMPLICATIONS

The development of a Local Workforce Strategy was a requirement for receipt of Children's Workforce Development Council (CWDC) and Training and Development Agency (TDA) grants, however, these have both now ceased. We will need to look to pooled budgets and using more effectively our internal resources to add benefit to the wider workforce. The City Council now receive Department for Education grant monies specifically for Social Work Improvement in 2012/13, which is much reduced. We will need to look at other funding streams accessed by all Partners that we can use creatively to develop the City's Children's Workforce.

4. LEGAL IMPLICATIONS

None

5. CLIENT GROUP

This Action Plan is part of the Children and Young Peoples Workforce Strategy and is associated with CYP Plan and aspires to meet the needs of all children, young people and their families in Nottingham with particular regard to groups vulnerable to poor outcomes.

6. IMPACT ON EQUALITIES ISSUES

The Strategy and Plan is aligned to the CYP Plan and aims to address inequalities of outcome of vulnerable groups through better connectivity of the workforce to intervene early with families in a systematic cohesive way.

7. OUTCOMES AND PRIORITIES AFFECTED

7.1 This is the third year of planning whole Partnership workforce actions to help deliver the Children and Young People's Plan. This will help us benefit from identifying common aims and goals across the Partnership that every colleague can contribute to.

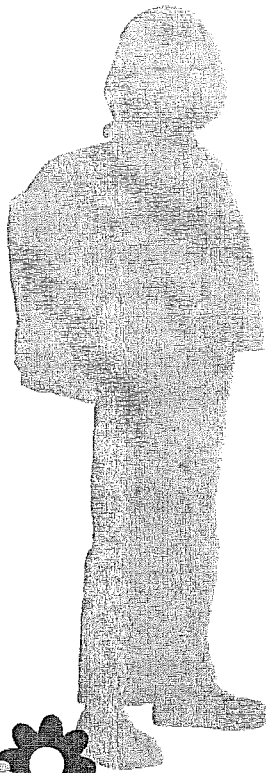
7.2 Developing integrated processes/budgets/working will reflect economies of scale if we can identify those interventions that bring the largest benefit. We must not lose sight of outcome focused activity and joint needs identification and commissioning needs to be a priority for the Partnership in this coming year.

8. CONTACT DETAILS

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Elaine Mitchell
Integrated Workforce Lead
Children and Families
Tel: 0115 8764819

Appendix A :Children's Partnership Workforce Strategy 2010-2014 Updated Action Plan for 2012/13



Summary

The Nottingham Children's Partnership Board agreed the Partnership Workforce Strategy for 2010 – 2014. This report outlines the next steps for 2012/13 aligned to the cross cutting principles from the Children and Young People's Plan refresh. See below an overview of changes this year that will impact on the Children's Workforce, Nationally and Locally since the introduction of the strategy in 2010.

National Overview

The core principle of a 'shared commitment' to improve the lives of children, young people and families – enshrined in the Children Act 2004 section 10 'duty to co-operate' – remains as important as ever, even though the Children's Partnership is no longer a statutory Board. The focal point for decision-making about local children is still to be shaped by local considerations.



This change in Children's Trusts is consistent with the introduction of the new Health and Wellbeing Boards. Both are part of an ongoing shift towards greater local autonomy which includes: removing or revising much of the statutory guidance for schools and local authorities; streamlining the inspection framework; reviewing and rationalising central government data collections and removing ringfenced grants.

The Government did plan to remove schools and colleges from the 'duty to cooperate' in 2011 but was persuaded to retain the duty while interested parties work through how best to implement the reforms outlined in the Special Educational Needs and Disability Green Paper. Also, due to the Health and Social Care Act 2012, the section 10 duty (duty to co-operate) will be transferred to the NHS Commissioning Board and Clinical Commissioning Groups.

Through this Act there will be strong duties for the health service to promote integration of services. The responsibility for local Public Health services will transfer to local authorities to ensure that work done by the NHS, social care, housing, environmental health, leisure and transport services are pulled together.

The Director of Children's Services (DCS) is responsible for ensuring that effective systems are in place for discharging Children's Services functions, including where a local authority has commissioned any services from another provider rather than delivering them itself. The DCS should have regard to the General Principles of the United Nations Convention on the Rights of the Child (UNCRC) and ensure that children and young people themselves are included in the scope of local authority planning, as well as involving the local voluntary and community sector, charities, social enterprises and the private sector, when commissioning and delivering children's services. Children's Services need also to be integrated across the council, for example to support a smooth transition from children's to adults' services.

Local Authorities are also required to set up a Local Safeguarding Children's Board (LSCB) to coordinate the effectiveness of arrangements to safeguard and promote the welfare of children and young people. The NHS are statutory members of this Board, but with the new Health and Social

Care Act, statutory responsibility will transfer from Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) to Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board (NHS CB). The statutory responsibilities of NHS providers for safeguarding children will not change.

Munro Review (April 2011) - Implications on the range of recommendations for Social Work improvement in reducing defensive Social Work processes and recording, to strengthening better, more well-informed judgements based on up to date evidence and free from unnecessary bureaucracy. Social work task force, social work reform board and the family justice review all form part of implementing key change for the improvement of Social Care. One of the governments responses to the recommendations was to have a full revision of the **Working Together to Safeguard Children**; Working Together sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. The revision has seen the document drastically reduced in size to be a framework and set of principles which Local Safeguarding Children's Boards can own specific local arrangements using professional guidance and directions from research. The draft revision is in open consultation until the 4 September 2012.

Troubled Families Scheme (2012) - Local authorities will get financial incentives to tackle some of the 120,000 families said to cost the taxpayer £9bn every year across the Country. If a local authority manages to cut a family's level of truancy, anti-social behaviour, or benefit dependency, it will receive extra payment by results.

Local Overview

- We are signed up to the **Troubled Families Scheme** (locally called "**Priority Families**") in Nottingham and have identified 400 families to work with in the pilot phase. This is working with families with complex needs (troubled families, payment by results approach). This scheme will hopefully improve data sharing, quality inter agency collaboration and support more effective and efficient services.
- **Public Health are moving to Local Authority** control and the new Clinical Commissioning Group should help improve outcomes with joint planning through the Health and Wellbeing Board as they develop a joint strategic needs assessment (JSNA) and a joint health and wellbeing strategy.
- A greater role for the **NCVS and private providers** with services increasingly being commissioned through competitive tendering and being delivered to agreed outcomes.
- **Munro Review** – Nottingham has received a short term Social Work Improvement Fund to implement Munro's recommendations. An improvement plan of systems and processes is underway as well as a comprehensive development programme.
- **Personal Budgets** will change the relationship of front line workers with clients, as new way of working will be advising/brokerage and not directing.
- We are developing a DART (**Domestic Abuse Referral Team**) which is a multi-agency team of people who continue to be employed by their individual agencies (local authority, police and health services). This multi-agency team will deal exclusively with domestic abuse concerns within the City, the DART will go live on 20th June 2012. It is envisaged in the early part of 2013 the DART will be superseded by the Multi-Agency Safeguarding Hub (MASH) which will be the central resource for the whole of City receiving all safeguarding adult and child protection enquiries.

- The **Nottingham Learning Trust (NLT)** will be a local partnership bringing together most primary schools in the City of Nottingham. It will build on previous joint working and represents a new era of working together to get the best outcomes for all children and young people in Nottingham. The overarching principle driving the Trust is that it will be fully inclusive for ALL schools in Nottingham including Maintained Schools, Academies, Voluntary Schools, Community Schools and Nurseries.
- **Nottingham City Homes** is decommissioning and demolishing over 900 flats and maisonettes over the next five years and has pressure on funding and the continuing need for further efficiencies and savings, while seeking to improve services. This will impact on a significant number of families in the City and we will need to ensure the workforce is aware.
- **We have developed an Aspiration Strategy for Nottingham.** While Nottingham is a City with many opportunities we also face many challenges which impact on the aspirations of our citizens. Our workforce, in its widest sense, is the key strategic lever in raising aspiration. Encouraging and supporting individuals and communities to understand what is possible in their lives and enabling them to have the necessary information, confidence and belief to move forwards is a core function of our workforce.

Action Plan

CYP Cross Cutting Themes	Specific Challenges	Timescale completed	Responsibility Lead
<p>To manage transitions through all aspects of children's lives</p>	To Raise Aspirations		
	<p>Priority Families Development:</p> <ul style="list-style-type: none"> develop package for roll-out of Signs of Safety training and system of implementation(Dec. 12) Hub Supervisor role developed and training given in teams to include Lead Co-ordinators (July. 12) link with team training motivational interviewing & solution focus therapy identify colleagues that can deliver parenting support for families with complex needs(Dec. 12) and evaluate the impact of development package on the Priority Families Project(Mar. 13) 	March 2013	Elaine Mitchell and Mandy Goodenough
	<p>Embed new Supervision process across the Partnership:</p> <ul style="list-style-type: none"> produce new Supervision Framework Guidance for Children's Partnership to implement recommendations of the Supervision Review 2012 (Jul. 12) create communication plan and launch Supervision Framework to the Partnership (Sep. 12) management realignment process in Family Community Teams to drive new ways of working and best practice in supervision (including consultation forums, reflective and therapeutic practice, peer support etc (Oct. 12) and link Signs of Safety Training to the Supervision Framework (Mar. 13) 	March 2013	Trudy Sanders/Viv McCrossen
	<p>To develop and embed an impact evaluation model for Early Intervention Programmes and Approaches for use across the Partnership:</p> <ul style="list-style-type: none"> to develop a generic impact evaluation model to use within all new Adult Social Care and Children and Family Early Intervention Programmes and Approaches to ensure all Project Leads and the Early Intervention Projects are familiar with the model and adhere to it and to develop a Social Return on Investment (SROI) model to apply to appropriate Early Intervention Projects. 	March 2013	Chris Wallbanks
	<p>Support children and families to achieve a healthy weight through workforce development:</p> <ul style="list-style-type: none"> develop the workforce to support the healthy weight agenda through provision of healthy eating and nutrition training and deliver briefings/training to embed the healthy weight agenda and develop the knowledge, skills and confidence of the workforce to support families to achieve a healthy weight. 	March 2013	Vicki Watson

	<p>To increase the number of Health Visitors across Nottingham City in line with the Governments drive to increase the number of Health Visitors nationally by 4,000 over the next 3 years:</p> <ul style="list-style-type: none"> • to recruit further Health Visiting Students for 2012-13 in line with the workforce action plan • to attract qualified Health Visitors to work in Nottingham City • to recruit qualified Health Visitors to return to practice • to ensure mentorship and practice support is in place • to support newly qualified Health Visitors in practice and • to transform the Health Visiting service to meet the needs of the community it serves. 	March 2014	Jackie Brocklehurst
<p>To ensure that all services are accessible by and take account of the needs of vulnerable groups</p>	<p>Whole Workforce is aware of Disabled Children's needs and their role in meeting requirements:</p> <ul style="list-style-type: none"> • continue to market and monitor the use of KIDS E-learning throughout the Partnership (Mar. 13) • review and develop training around person-centred approaches for the workforce working with disabled children (Dec. 12) • raise awareness of opportunities to develop understanding of personalised budgets and direct payments and • promote and deliver community based training delivered by registered nurses for anyone caring for a child or young person with complex health needs. 	March 2013	Marie Halford/ Lorraine McPherson Bravo/Caroline Eames
	<p>Family Support Toolkit to be developed and embedded in to every day practice through out the Partnership:</p> <ul style="list-style-type: none"> • complete Toolkit (Jun. 12) • approval from Family Support Implementation Group (Jul. 12) • develop communication plan and launch webpages(Sept. 12) and • develop a quality assurance system for ongoing review of tools hosted on the webpage(Oct. 12) 	November 2012	Viv McCrossen/ Family Support Implementation group
	<p>Support the setting up of the Multi Agency Safeguarding Hub (MASH):</p> <ul style="list-style-type: none"> • identify the workforce development aspects of the effective Implementation of Domestic Abuse Referral Team (Jun. 12) and use the learning from this to apply to the MASH • consider the workforce implications of setting up the Hub and identify system changes and new working practices that need to be embedded • review skill/capability of key colleagues to ensure standards of service measured and improved and • develop a culture change model to assess if beliefs and values are modelled through leadership. 	February 2013	Elaine Mitchell and Mandy Goodenough

	<p>Introduce ContactSearch to the Nottingham Childrens Partnership. (<i>Contact Search is data sharing system that practitioners can obtain information on who else is working with a child or family</i>):</p> <ul style="list-style-type: none"> • CitiHealth users live on system (Jun. 12) • safeguarding users live on system (Jun. 12) • Nott'm Futures users live on system(Jun. 12) • Youth Offending Team users live on system (Jun. 12) • Probation users live on system (Aug. 12) and • Health & probation data into system (Dec. 12) 	January 2013	Anthony Childs
To engage with and listen to service users and stakeholders in developing our services	<p>Embed the Family Pledge engagement and participation programme within the Children's Partnership Workforce:</p> <ul style="list-style-type: none"> • refresh the Participation Strategy to reflect changes in the partnership and CYPP priorities (Mar. 13) • develop & implement toolkits for monitoring and evaluating scope, quality and impact of participation work in the partnership (Mar.13) • support for implementation of FCT locality engagement plans(Sept. 12) • ensure integration of Family Pledge standards into Vulnerable Adults Plan and Health and Well-Being Board work(Sept. 12) and • Support development of HealthWatch programme including workforce training (Mar. 13). 	March 2013	Jon Rea
	<p>Raise awareness of the decommissioning and demolition of 973 Nottingham City Council flats and maisonettes to the support services involved with the affected tenants and their households (e.g. GPs, schools, Childrens & Vulnerable Adults Services and tenancy support):</p> <ul style="list-style-type: none"> • identify the support services working with the tenants and any potential gaps by completing local impact assessments (Aug. 12) • create a plan of how to ensure transitions of service and supply of any new services to the tenants as they move to other accommodation. (Sept. 12) and • carry out a check on the transition of services at a settling-in visit with each tenant within 6 weeks of their moving(Mar. 13). 	March 2013	Stuart Smith
To promote the effectiveness, sustainability, innovation and research capability	<p>Secure the supply and develop the quality of the school workforce (including governors):</p> <ul style="list-style-type: none"> • Leadership Development Partnership Group developed a Succession Plan –2012-2013 <ul style="list-style-type: none"> ○ Leadership, Talent Spotting & Development for Schools ○ Aspiring for Leaders in Schools Course and • Leadership Development Programme– LLE (Local Leaders Education), NLG (National Leaders Governance) and NCSL (National Colleges for Schools and Leadership) 	July 2013	Pat Whitby and Rachel Harvey

<p>To gather and use evidence of impact more creatively and intensively</p>	<p>Developing an increased understanding of our partnership approach to workforce development around community capacity building:</p> <ul style="list-style-type: none"> • scope community capacity building workforce development activities in Nottingham City • explore befriending and mentoring development needs in the City and • embed community capacity building in Early Intervention approaches 	<p>March 2013</p>	<p>Teresa Flower/ Voluntary Sector Representative</p>
<p>To work with others to build a city for children and for families</p>	<p>Leadership – to develop the regional ALICSE programme participants to become change agents within the Partnership:</p> <ul style="list-style-type: none"> • to recruit and encourage emerging leaders to attend across all agencies within the City for 2012/13 intake • DCS to lead/meet with the change agent group on a regular basis. • to develop a colleague engagement programme to support distributed leadership and • identify links with other Leadership programmes to identify added value. 	<p>September 2012</p>	<p>Elaine Mitchell and Lisa Hazell</p>
	<p>Ensure a Robust quality assured safeguarding training programme is available across the City for Children’s workforce:</p> <ul style="list-style-type: none"> • continue and complete the quality assuring of key partner agency Introduction to Safeguarding Children training(Sept. 12) • identify options for income generation through training activities, to guard against the impact of budget reductions (Sept. 12) • to continue to pilot a scheme to evaluate the impact of training on safeguarding practice across all agencies(Sept. 12) and • to effectively deliver a programme of Introduction, Working Together and Refresher training (Mar. 13) 	<p>March 2013</p>	<p>Paul Langley</p>
	<p>Skill the workforce to continue to develop School Partnerships in response to local need:</p> <ul style="list-style-type: none"> • partnership activity between schools and partners which has a direct and positive impact on pupils’ outcomes • develop and deliver a strategic vision into local plans in collaboration with professional, voluntary and community partners • promote children’s and staff learning and well being in the school and community and • promote collaborative working to support and develop leadership and management skills at all levels. 	<p>March 2013</p>	<p>Pat Whitby</p>

For more information please contact

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01158764820

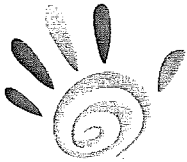
Alternatively contact the responsibility lead for the specific challenges listed above.

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Please visit our website to view the main Workforce Strategy Document from 2010-2014
www.mynottingham.gov.uk/IntegratedWorkforce

Appendix B Workforce Strategy Progress Reports Summary (April 2012)

Completed/continuing to next year	61% (14 out of 23)		
Delayed but continuing (some after revision)	35% (8 out of 23)		
Actions undertaken	Completed/continuing to next year	Delayed but continuing (some after revision)	In finality/finished
Skill the workforce to continue to develop School Partnerships in response to local need.	X		
Embed into practice CAF support for the vulnerable groups identified and agreed by the partnership.	X		
Whole Workforce is aware of Disabled Children's needs and their role in meeting requirements.	X		
Review Supervision across the Partnership.	X		
Leadership – to develop the regional ALCSE programme participants to become change agents within the Partnership.	X		
Review Parenting programmes in light of the Early Intervention Paper recommendations.	X		
Develop and deliver partnership activity between adult and children's services to embed a whole family approach.	X		
Scope the opportunities to develop a truly Partnership Health and Social Care Apprenticeship Scheme.	X		
Scope development to new programme across Health & Social Care on communication styles when working with clients.	X		
Support better early intervention and safeguarding at universal and targeted services level in the voluntary sector.	X		
Review the range of engagement events and networks to ensure that we have cross workforce consulted on Key issues and Early Intervention.	X		
Secure the supply and develop the quality of the school workforce (including governors).	X		
Pilot a Family Community Practitioner Programme (FCPP)	X		
To increase the number of Health Visitors across Nottingham City in line with the Governments drive to increase the number of Health Visitors nationally by 4,000 over the next 3 years.	X		
Embed the Family Pledge engagement and participation programme within the Children's Partnership Workforce.	X		
Ensure a Robust, Quality Assured and cost effective Safeguarding Training Programme deliverable to all practitioners in the Children's Partnership.	X		
Introduce the use of ContactSearch to the Nottingham Childrens Partnership	X		
Ensure the Solihull approach to attachment is the methodology used across the partnership.	X		
Continue to build on and embed Aiming High Short Break Strategy.	X		
Deliver healthy eating and childhood nutrition training to a wider audience to promote consistency of information and increase capacity.	X		
Family Support Pathway to be finalised and a toolkit to be developed and embedded in to every day practice through out the Partnership.	X		
To continue to embed Early Intervention and Raising Aspirations Principles across the Children's Partnership.	X		
Ensure a partnership information system is in place by April 2012 to gather, integrate and disseminate strategic management data on all members of the partnership's wider workforce, as defined by the CWDC.	X		X



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

8

Title of paper:	Nottingham City Children's Partnership Supervision Framework	
Report to:	Nottingham Children's Partnership Board	
Date:	26.9.12	
Relevant Director:	Tim O'Neill	Wards affected: All
Contact Officer(s) and contact details:	Trudy Sanders Trudy.sanders@nottinghamcity.gov.uk	
Other officers who have provided input:	Mandy Goodenough – Trilogy of Risk Lead and author of Supervision Review Dec 2011 Anne Partington – Service Manager, Safeguarding Board Tracey Nurse – Service Manager, Social Care Simon Howard /Kristy Cataldo– Consultants, Talent & Skills Sue Link – Senior Nurse Co-ordinator, FNP/CityCare Sonia Frankish – Locality Manager, CAMH's Corina Ioannou – Targeted Family Support Manager, Family Community Teams Elaine Mitchell – Workforce Strategy Lead	

Relevant Children and Young People's Plan (CYPP) objectives(s):

Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.	✓
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.	✓
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.	✓
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.	✓
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.	✓

Summary of issues (including benefits to customers/service users):

The Nottingham City Children's Partnership Supervision Framework sets out clear aims and objectives of the supervision model and process; roles and responsibilities of Managers, Specialists, Senior Practitioners and all practitioners working directly with children and families.

High-quality supervision is critical to good practice; it is key to effective management oversight and review and should ensure practitioners develop and maintain critical mindsets in a reflective way. Nottingham City Children's Partnership believes that supervision plays an important role in ensuring that all children and their families receive a high quality service and that all staff have the right to the support and guidance provided through supervision to develop their practice.

The Supervision Framework will enable all relevant services across the Children's Partnership to review their internal supervision policy; although the framework sets out general principles, models and tools it is not an attempt to impose a particular 'model' of supervision on all staff or professional groups. It is, however, expected that all staff within Nottingham City Partnership will receive high quality, regular supervision that enables professional development and improved outcomes for children and families.

Recommendations:	
1	To approve the Children's Partnership Supervision Framework in accordance with the recommendations of the Children's Partnership Review completed in December 2011
2	Launch the Supervision Framework at the Children's Partnership Workforce Conference in October 2012
3	All services across the partnership working with children and families to review and revise where necessary their internal supervision policy to reflect the new Supervision Framework and ensure it is embedded in to workforce development plans and Personal Appraisals

1. BACKGROUND AND PROPOSALS

A review of supervision across the Children's Partnership was undertaken in 2011. The review highlighted inconsistencies in approach and different models of supervision across all agencies. The report concluded that there needed to be an overarching Children's Partnership Supervision Framework that provided a comprehensive but succinct guide for managers and practitioners that is underpinned by theory, evidence based practice, tools, process and quality assurance.

Research has shown that effective supervision ensures that practitioners feel valued, prepared, supported and committed which in turn reduces rates of staff sickness and turnover. Furthermore, supervision is fundamental to the delivery of effective care services and should therefore be recognised as an integral part of the service and given priority.

Historically, there have been many models of supervision across the Children's Partnership but there is little evidence of a theoretical base or findings from research being fully embedded in practice. Supervision needs to make clear links between good reflective practice and the Supervision Framework recommends Tony Morrison's 4x4x4 model as this recognises the role of emotional intelligence when working with families and provides a reflective and analytical tool for practice.

The Supervision Framework also stipulates that where the supervisory case management function is separated out between Line Management and Clinical/Professional/Case Supervision, there should be clarity about the different roles and how issues of accountability and performance are addressed. This will reflect and support Nottingham City's new 'Nottingham Manager' model.

2. RISKS

Working with children and families in need of support, particularly when they are in crisis, can be challenging and emotive. Both managers and practitioners need to be supported and valued within a supervisory relationship that is integral to their working practice.

Unfortunately, the lack of a clear theoretical model about the nature, influence, and critical elements of effective supervision and inconsistencies in practice undermines the ability to drive up standards, training, support, and monitoring of the supervisory process. Without this, there is potential for practitioners to lack the skills and knowledge required to work effectively which can result in poor professional development and performance as well as negative outcomes for children and families.

The new Supervision Framework provides clear guidelines for Managers and practitioners to embed good practice in supervision to enable them to safeguard children and manage risk more effectively.

3. FINANCIAL IMPLICATIONS

None

4. LEGAL IMPLICATIONS

None

5. CLIENT GROUP

All

6. IMPACT ON EQUALITIES ISSUES

As the nature of supervision concerns direct work with children and families, all user groups will be included. The Supervision Framework stipulates that colleagues practise in a manner that takes account of the diversity of the population we serve.

7. OUTCOMES AND PRIORITIES AFFECTED

All CYPP objectives and priorities will be affected as supervision practice involves safeguarding and managing risk including domestic violence; Healthy living and ensuring children and young people have a healthy weight; reducing substance misuse by working in partnership to lessen the impact on children of parental drug and alcohol misuse and as well as children and young people who misuse drugs and alcohol; Raising attainment levels and increasing engagement in employment, education and training and Improving attendance at both Primary and Secondary as a key foundation of improving outcomes.

8. CONTACT DETAILS

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Trudy Sanders, Project Manager, Family Community Teams
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Nottingham City's Children's Partnership

Supervision Framework

PART ONE:

1. Introduction

It is a long accepted position that high-quality supervision is critical to good practice. It is key to effective management oversight and review and it is critical in ensuring practitioners develop and maintain critical mindsets in a reflective way.

Nottingham City Children's Partnership believes that supervision plays an important role in ensuring that all children and their families receive a high quality service and that all staff have the right to the support and guidance provided through supervision to develop their practice.

'Practitioners who are well supported, receive supervision and have access to training are more likely to think clearly and exercise professional discretion' (Brandon et al. 2005).

The aim of this document is to provide a framework for supervision for all staff working within the Nottingham City Children's Partnership and partner agencies. Each service area will be responsible for ensuring that their own supervision policies and procedures meet the requirements of the Supervision Framework.

Definition of Supervision

"A process in which one worker is given professional responsibility to work with another in order to meet certain organisational, professional and personal objectives. These objectives are competent, accountable performance, continuing professional development and personal support." Morrison 1993, (adapted from, Harries 1987)

Within Nottingham City Children's Partnership differing approaches to supervision have evolved (e.g. line manager supervision, clinical supervision, peer supervision, group and forms of case management supervision). These models have been strongly influenced by the work of Tony Morrison and Kolb.

This framework is intended set out general principles, models and tools under which any model of supervision can operate. It is not an attempt to impose a particular 'model' of supervision on all staff or professional groups.

It is, however, expected that all staff within Nottingham City Partnership will receive regular, good quality supervision that enables professional development and improved outcomes for children and families.

Aims of Supervision:

Supervision is likely to have a range of aims and objectives and is likely to include some of the following:

- to provide a forum for staff to receive support, encouragement, praise and constructive criticism
- to help staff gain an overview of his/her work and so acquire fresh insights into his/her practices
- to support staff in their continuous professional development and to link in with the appraisal process
- to assist staff to be effective in their day to day practice,
- to provide staff with a forum to discuss the particular roles and responsibilities attached to their post
- to enable staff to discuss issues of risk assessment, risk-taking and risk management in their practice
- to provide a forum for staff to discuss any problems they may be experiencing in their day to day work
- to assist staff to function in accordance with organisational and professional standards of practice and competence
- to assist staff with the organisation and management of their workload
- to provide Nottingham City Partnership and partner agencies, with a mechanism to ensure that an individual staff member is accountable for their practice
- to ensure that staff practise in a manner that takes account of the diversity of the population we serve

This list is not meant to be exhaustive nor is it expected that supervision for all staff will cover all these areas.

2. Context of Supervision

There have been many models of supervision across the Children's Partnership and 'reflective practice' has always been the cornerstone of each model; however, there is little evidence of this being embedded. Where the supervisory case management function is separated out between Line Management (HR function) and Clinical/Professional/Case Supervision, there should be clarity about the different roles and how issues of accountability and performance are addressed.

Research has shown that effective supervision ensures that practitioners feel valued, prepared, supported and committed which in turn reduces rates of staff sickness and turnover. Furthermore, supervision is fundamental to the delivery of effective care services and should therefore be recognised as an integral part of the service.

3. National & Local picture

Despite the unified recognition of the importance of good quality supervision a number of difficulties have been identified. Morrison and Wonnacott (2010) 'Supervision: Now or Never - Reclaiming Reflective Supervision in Social Work' argue that effective supervision can only occur if there is:

- Consistent political, professional, and organisational leadership in championing the role of supervision.
- A clear theoretical model about the nature, influence, and critical elements of effective to drive up standards, training, support, and monitoring of supervisory practice
- 'Good supervision' rather than a mindset of 'having supervision'.
- A national statement addressing the need for social care organisations to have a robust policy framework for supervision.

The Department of Health's, 'Health Visitor Implementation Plan 2011-15' states that one of the deliverables for professional mobilization is seen as "supporting high quality professional practice, including the model of practice for effective health visiting and clinical supervision" (DH, 2011, P30)

Ofsted's report 'High expectations, High support and High challenge' concluded that successfully implemented strategies to support frontline staff working in child protection more effectively had key features that included regular and high-quality line management support and supervision that is most effective when staff are helped to manage the emotional impact of the work and to critically reflect on practice.

Locally, training in supervision skills developed by Tony Morrison has been rolled out to managers of social worker practitioners. Family Community Teams and Health colleagues also apply Morrison's model to their supervision practice. In addition Train the Trainer programmes have been delivered so that this model can be sustained.

4. Safeguarding

4.1 Principles underpinning Safeguarding supervision

The principles underpinning Child Protection/Safeguarding Supervision are clearly set out in legislation and policy documents; all of which place duties on organisations and individuals to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children and young people. (Appendix 1: Safeguarding Legislation)

4.2 Signs of Safety - An alternative approach to managing risk

This approach to child protection and reflective practice is gaining International and national recognition. Signs of Safety was developed in the 1990's in Western Australia by Dr Andrew Turnell, and uses strengths based 'Solution Focused' techniques to increase co-operation and promote partnership working with parents; young people, children and families. The Signs of Safety framework is designed to create a shared focus among all stake holders in child protection cases, both professional and family; it is designed to help everyone think their way into and through the case. (Appendix 2)

5. Supervision Model

The theoretical models underpinning the supervisory framework whilst different contain a similarity, of analysis and reflection.

5.1 Tony Morrison - 4x4x4 model

This model has been recommended by Skills for Care and is the model generally adopted by Nottingham City's Children's Partnership. This model integrates the four functions of supervision within the reflective supervision cycle and includes the four elements of Kolb's Learning Cycle. (Appendix 3)

5.2. Kolb's Experiential Learning Cycle

This model of supervision makes clear links between good reflective supervision and delivering improved outcomes for children and families. Morrison's model adopts Kolb's experiential learning cycle because it recognises the role of emotional intelligence when working with families and provides a reflective and analytical tool for practice (Appendix 4)

PART TWO:

Supervision Policy and Procedure

The information detailed below, is designed to set the standard for the implementation for effective supervision.

1. The Policy MUST take into account:

- the experience of the worker
- the length of time in the job
- the complexity of their work
- the number of hours worked
- the individual's support needs

2. Supervision Agreements/contracts must include:

The process and purpose of supervision will be articulated in a contract between the supervisor and supervisee(s). As a minimum the standards will include:

- Responsibilities of both the supervisor and supervisee
- Clarity around boundaries and expectations of supervision, including frequency, duration, confidentiality and reviewing arrangements
- Guidance on joint supervision arrangements (multi-disciplinary and integrated services)
- what arrangements are to be made for additional supervision in the event of an unexpected event
- Guidance on joint supervision arrangements (multi-disciplinary and integrated services)
- Structure of supervision and an agenda for individual supervision sessions to include reflective practice and preparation tools, such as the signs of safety
- Approaches to risk management for workers and people who use services.
- Group supervision structure (based on therapeutic support)
- Supervision records to include ad hoc supervision and telephone supervision
- Standards - Qualifications and level of Supervisors/Specialists
- Managing workloads – agree a local case load weighting tool, for example the framework for assessing workload published in the Social Work Task Force Report
- Emotional impact - methods for managing the work

- Specialist, supervision, support, advice or consultation/therapeutic/clinical as required.
- Reflective practice e.g. consultation forum and reflective opportunities for supervisors and practitioners.

3. Case File Management must include:

- Multi agency Chronologies
- Cultural Genograms
- Assessment schedule
- Signs of Safety assessment and planning tool

4. Roles within Supervision:

4.1 Supervisor/Senior Practitioner/Specialist

- Supervision provided is based on a written agreement or contract
- Supervision is planned in advance and only changed in exceptional circumstances
- Supervision is well-structured, allowing both the supervisor and supervisee to contribute to the agenda
- Provided in an appropriate setting and free of interruptions
- Supervision is properly and promptly recorded and notes copied to the individual.
- Kolb's experiential learning cycle will be used as a tool to prompt reflective case discussion
- Supervisor will link the worker to alternative methods of reflection i.e. consultation forum
- Supervisor may hold a small case load and/or model good practice by working directly with children and families on cases where it would be useful to test different or new intervention strategies and /or demonstrate high standards of practice in safeguarding, assessment, analysis, planning and review within the case management process
- Supervisor to attend reflective case discussions i.e. consultation forum

4.2 Supervisee/Practitioner

- Check and read the notes of meetings making sure actions are followed through and completed
- Prepare for each supervision meeting by reviewing notes from the previous meeting and taking a recent Signs of Safety tool and cultural genogram to aid reflective discussion
- Be open about what has gone well and what you have found difficult

- Be ready to plan and undertake training and other development activities as agreed with the supervisor

5. **Quality Assurance techniques (examples)**

- Supervisors/Specialists/Senior Practitioners/Managers to be assessed in effective delivery (Birmingham Qualification/Tony Morrison sessions).
- Have a framework with standards to audit the quality of supervision.
- Case audits – have a framework to audit the quality of work undertaken by the practitioner and include how the service user is being actively involved in and consulted as a partner in assessment, planning and decision making.
- Direct observations during home visits by Supervisor/Senior Practitioner/Specialist.
- Service user evaluation
- The implementation of the framework should be monitored through case file audit:

6. **Recommended Developmental Activities: (supervisors and practitioners)**

- 'Strengths Based Communication' training to whole teams, including Motivational Interviewing and Solution Focused Therapy (Parallel Processing)
- Complex Analysis and Risk Assessment (developed from NQSWs course)
- Parenting Support – 'Work with Parents' course (City&Guilds Level 3/4 Diploma)
- Mentoring/Coaching
- Action learning opportunities
- Group supervision and therapeutic support for teams

7. **Supervision Tools** (refer to Family Support Toolkit for further details)

- Tools for operational practice for example the **Signs of Safety**
- Reflective learning diary
- Tools for managers as described in Kolb's experiential learning cycle
- Consultation Forum to be introduced for Family Community Teams to work alongside Social Care

Appendices

(Refer to Family Support Toolkit for further details)

1. Legislation and Guidance:

- The Children Act 1989 & 2004, Section 11 of the Children Act 2004
- Working Together to Safeguard Children 2006
- The National Service Framework for Children & Young People 2004, 14.1
- S175 of the Education Act 2002
- Standard five of the Standards for Employers of Social Workers in England and Supervision Framework is:
Ensure that social workers have regular and appropriate social work supervision.
- 'Providing Effective Supervision' 2007
- The protection of children in England; A progress report (Laming 2009) and the Munro Review of Child Protection: Final Report - A child-centred system (2010)
- The proposed professional capabilities framework.

2. The Signs of Safety Approach

Signs of Safety is a one page assessment and planning tool that maps the harm, danger, complicating factors, strengths, existing and required safety and a safety judgement in situations where children are vulnerable or have been maltreated. The framework contains four domains for inquiry:

1. What are you worried about? (past harm, future danger and complicating factors)
2. What's working well? (existing strengths and safety)
3. What needs to happen? (future safety)
4. Where are we on a scale of 0-10? (10 means child is safe and case can be closed; 0 means the child will be (re) abused (judgement) and/or the situation is so dangerous the child must be permanently removed.

Two reviews of practice in the UK (Gardner, 2008 and DSCF, 2009) identified the 'recent emphasis on a strength based approach discourages workers from making professional judgements about deficits in parents' behaviour which might endanger their children' (DSCF 2009, p49).

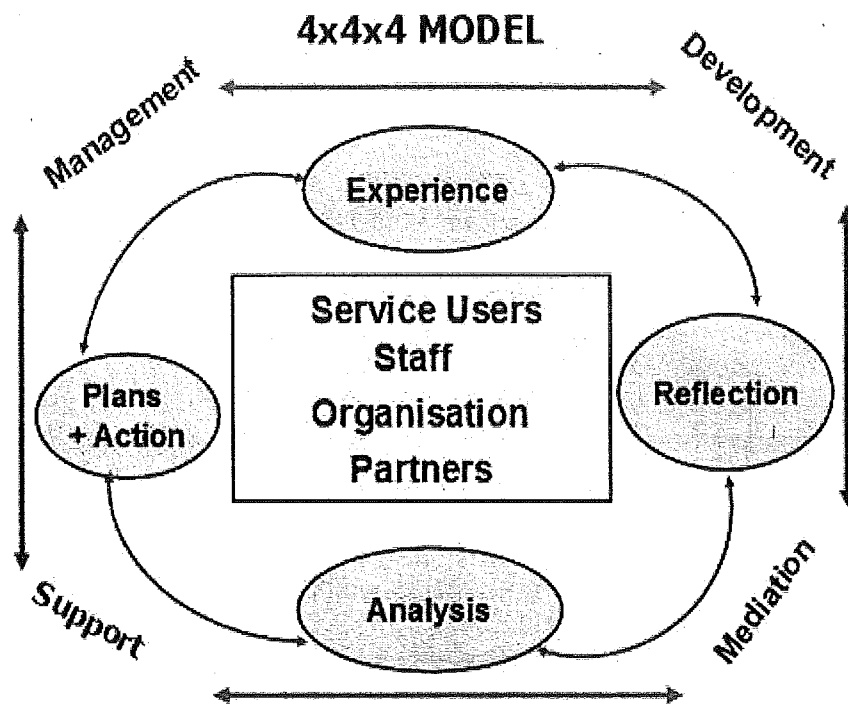
Both reviews suggest the Signs of Safety is the one approach that incorporates strengths along side danger and risk. Those using the tool thought that it is particularly useful because:

- Parents say they are clearer about what is expected of them and receive more relevant support.
- The approach is open and encourages transparent decision making.
- The professionals had to be specific about their concerns for the child's safety.
- This encouraged better presentation of evidence.
- The degree of protective elements and of actual or apprehended risks could be set out visually on a scale, which was easier for all to understand than lengthy reports.
- The group could acknowledge strengths and meetings could focus on how to achieve safety, (Gardner, 2008, p.79) (see appendix).

3. Morrison's 4x4x4 model (included in NCC supervision training)

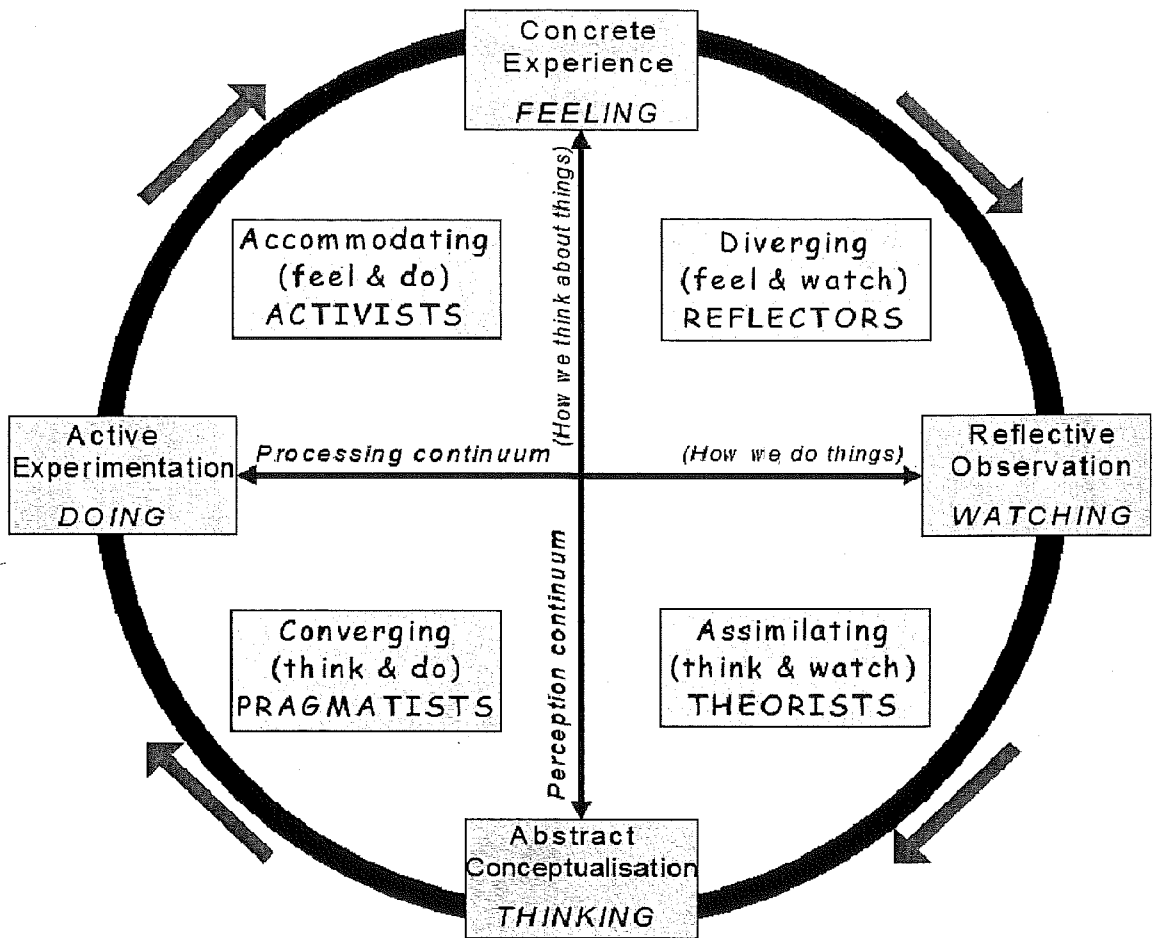
This model focuses on the needs and priorities of all four stakeholders (service user, staff, organisation and partners). The theory presents a cyclical model of learning, consisting of four stages shown below. One may begin at any stage, but must follow each other in the sequence:

- concrete experience (or "DO")
- reflective observation (or "OBSERVE")
- abstract conceptualization (or "THINK")
- active experimentation (or "PLAN")



Tony Morrison/Clark Baim - Toolkit/Questions/Exercises (Family Support Toolkit)

4. Kolb's Learning Cycle



5. NCC Strengths Based Communication programme (includes Parallel Process/Solution focused techniques/ Motivational Interviewing (refer to Talent & Skills/Family Support Toolkit)

9a



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

Title of paper:	Youth Unemployment and the role of Futures Nottingham and Nottinghamshire	
Report to:	Children's Partnership Board	
Date:	26.09.12	
Relevant Director:		Wards affected:
Contact Officer(s) and contact details:	Jean Pardoe 0115 960 1566	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Stronger safeguarding – With a key focus on ensuring that there are high standards of safeguarding across all agencies and that the Partnership takes a pro-active approach to the elimination of domestic violence.		
Healthy living – With a key focus on increasing the proportion of children and young people who have a healthy weight.		
Reducing substance misuse – Partnership work to lessen the impact on children of parental drug and alcohol misuse and to reduce drug and alcohol misuse amongst children and young people.		
Raising attainment – Raising the attainment levels and increasing engagement in employment, education and training.		✓
Improving attendance – Improving rates of attendance at both Primary and Secondary as a key foundation of improving outcomes.		
Summary of issues (including benefits to customers/service users):		
<p>Tackling Youth Unemployment in Nottingham</p> <p>The exact scale of current youth unemployment, particularly in relation to previous recessions, is the subject of some debate. Regardless of who should or should not be counted, there is near unanimous agreement that it is a serious issue which needs to be addressed. Whilst the number of young people unemployed and not in education, employment or training (NEET) has risen nationally in the recession, youth unemployment was high and began rising in 2005, well before the recession. Evidence suggests that structural changes in the labour market for young people exacerbate the problem and will result in a continuing rise, which if unchecked is estimated will cost the exchequer £28 billion by 2022 - in addition to all the social and human costs.</p> <p>There are already a range of government initiatives to tackle this issue flowing through the public, private and voluntary sectors. However, young people and employers are often confused by the routes they must follow to get assistance and critical of the lack of cohesion between the various initiatives.</p> <p>In Nottingham we have had considerable success in limiting the impact and remain "best in class" at reducing the number of 16-18 year olds NEET, however, the picture is less rosy for 18-24 year olds and there are growing concerns that their situation may worsen as a result of legislative changes which transfer the responsibilities to schools to provide careers guidance and work related activities as they see fit but no extra funding to do so. Early indications are that there will be little consistency in what is offered to young people and that there will be a dramatic decline in the overall resource available.</p> <p>What can be done locally</p> <p>There is a growing consensus that a locally driven strategy to tackle youth unemployment is urgently needed and needs to be embraced by all parties, public and private sector.</p>		

Furthermore there is a belief that its potential to succeed will be significantly higher if it is seen to be led by employers but supported by strong public sector alignment.

Put simply, there are three things we need to focus on:

1. **Create better opportunities for young people and employers – making it easy and affordable to employ young people.**
2. **Better prepare young people for work through increasing their employability, enterprise and vocational skills.**
3. **Improving the pathways into work for young people.**

Nottingham City and Nottinghamshire County Councils (N2) have continued to invest in Nottingham and Nottinghamshire Futures, a company specifically designed to specialise in careers guidance, preparation for work and training. In the City the overwhelming priority is to keep 16-18 NEET levels low but increasingly it is anticipated that 18-24 year olds will face the greatest challenges in making a successful transition into work.

It is proposed that Futures should co-ordinate the N2 plan for reducing youth unemployment.

Recommendations:

1	The partnership notes the issues raised and growing concerns regarding youth unemployment and endorses the outlined approach.
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1. BACKGROUND AND PROPOSALS

A recent report by the UK Commission on Employment and Skills outlined some significant challenges for young people entering the workforce.

Youth Unemployment is a major economic and social issue. Young people have suffered disproportionately in the current labour market downturn (as they always tend to do). The large number of young people unemployed and not in education, employment or training (NEET) is predominantly down to the recession, however youth unemployment was high and began rising in 2005, well before the recession. This suggests that there are structural causes that go beyond the current shortfall in demand for workers.

The way in which recruitment works in the UK is a significant part of the story for young people. Finding work through informal methods, such as recommendations from contacts, is still a major way for people to find work. These informal connections tend to be built up over time and through experience of work, so young people are far less likely to have them.

Recruiters place significant emphasis on experience when recruiting, with 29% citing it as 'critical', but despite the importance of experience of work young people are leaving education increasingly less experienced. The share of learners who combine work with their studies has been declining for around 15 years or so. The emphasis on experience results in the 'Catch-22' situation for young people: they can't get work because they haven't got experience and they can't gain experience because they can't get work.

Young people's work readiness is a persistent theme when discussing youth employment but there is a risk that it is overstated. The UK Commission's comprehensive evidence shows that only a minority of employers have recruited from education in the last two to three years. Overall this minority tends to find their young recruits well or very well prepared and where they do not they put this down to lack of experience.

Added to this the labour market for young people is changing in several important respects. The first is what's happening to the types of jobs that young people do. Young people tend to be employed in two particular occupations: sales and elementary occupations.

These occupations have been in decline over the last ten years or so and hit hard by the recession. Furthermore, there is forecast to be little or no growth in these occupations up to 2020. By contrast the growth occupations are managers, professionals and associate professionals. These are the most highly skilled and highly paid occupations and are less likely to be filled by young people. Where they are, this is overwhelmingly by graduates.

The second trend is the rise of small business. Over 1998 to 2010 the share of private sector employment in the largest businesses (250+employees) fell from 50% to 40%. For the smallest (one to four employees) it increased from 11% to 22%. Small companies are more likely to emphasise the importance of experience when recruiting as well as use informal recruitment methods.

The Nottingham Growth Plan outlines plans for enabling the local economy to grow and enable new jobs to be created. Creating that demand and job creation will be key. Our approach to tackling youth unemployment is a simple one:

1. **Create better opportunities for young people and employers – making it easy and affordable to employ young people.** That is why Nottingham City Council initiated the Nottingham Jobs Fund and has recently doubled the investment into this fund to £3m. Enabling employers to access a wage subsidy to employ 18-24 year olds, it will provide 400 young people from Nottingham with invaluable experience and opportunities.
2. **Better prepare young people for work through increasing their employability, enterprise and vocational skills.** This is an issue particularly relevant to the Children's Partnership in its drive to raise attainment and progression.
3. **Improving the pathways into work for young people.** Some good practice already exists, for example; Nottingham City Council has developed an Employer Hub – a bespoke recruitment service to match local unemployed people with vacancies and the Futures Apprenticeship Agency offers small businesses an easy and low cost route to taking on apprentices.

The Working for Youth charity initiated by Sir John Peace (Lord Lieutenant of Nottinghamshire) has engaged over 50 of the FTSE top 100 companies is currently developing a single portal through Facebook to collate all entry-level jobs. It further aims to raise funds to subsidise the employment of apprentices and provide employer-mentors on line.

Fundamental to our thinking is the assumption that employers must be at the forefront of any planned initiative and Working for Youth offers us that possibility.

It is proposed that Futures, acting on behalf of the City and County, should co-ordinate activity to reduce youth unemployment.

Notes

- a) Futures is an established not-for-profit company owned by Nottingham City Council and Nottinghamshire County Council which has successfully delivered services related to youth employment for almost 20 years. Previously Connexions Nottinghamshire, it has recently expanded its portfolio and now delivers:
 - The National Careers Service in the East Midlands (on behalf of DBIS), which is aimed at adults aged 18+
 - Careers guidance services in prisons across the East Midlands
 - Futures Apprentice Training Agency which is used by both public and private sector employers
 - Education/Business activity and Careers Guidance in schools who wish to purchase those services
 - Support for young people aged 16-18 aimed at reducing the numbers Not in Employment, Education or Training (NEET), commissioned by Nottingham City Council and Nottinghamshire County Council
 - Commissioning and managing activities for young people including elements of the National Citizenship Service and the City Council positive activities programme

b) % NEET aged 16-18, Core Cities

Nottingham	5.5%
Birmingham	6.0%
Leeds	6.2%
Bristol	7.6%
Sheffield	8.1%
Manchester	9.2%
Liverpool	9.8%
Newcastle	10.9%

- c) Nottingham is one of the youngest cities in the UK and creating employment for young people will be key to unleashing the city's growth potential (Nottingham Growth Plan, 2012, p.11). The latest JSA Claimant Count statistics released for Nottingham and Nottinghamshire show a mixed picture. Whilst the number of people claiming JSA in Nottingham has decreased, the claimant count for Nottinghamshire has risen by 153 people and now stands at 16, 873. Overall, both areas still have a higher claimant rate than at this point last year, with an increase of 1,227 individuals on JSA (A rise of 806 in Nottinghamshire and 421 in Nottingham)

2. RISKS

None

3. FINANCIAL IMPLICATIONS

It is anticipated that any additional financial demands will be met through charitable sources and funding from central government

4. LEGAL IMPLICATIONS

None

5. CLIENT GROUP

Young people 13-24

6. IMPACT ON EQUALITIES ISSUES

A brief description on how many minority groups are being engaged in the proposal and how their needs are being met: This section includes traveller and refugee families. The themes of the Shadow Boards – children and young people; parents and carers; equalities issues and the voluntary and community sector should be considered here.

7. OUTCOMES AND PRIORITIES AFFECTED

This activity centres on raising achievement and aspiration and progression in learning and successful entry into work

8. CONTACT DETAILS

Jean Pardoe
Chief Executive
Nottingham and Nottinghamshire Futures
2A Sherwood Rise
Nottingham. NG7 6JN
0115 960 1566

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A template for reducing youth unemployment?

Jean Pardoe
Chief Executive
Nottingham and Nottinghamshire Futures



% of 16-18 year olds Not in Employment Education or Training (NEET)

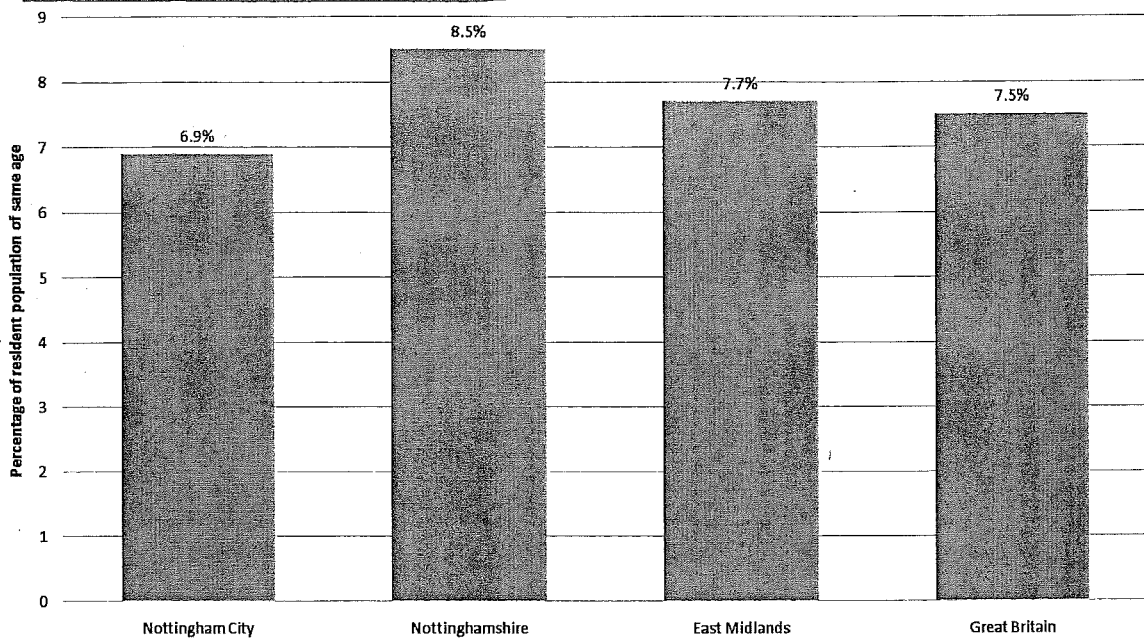
Core Cities	NEET (%)	Rank	County Families	NEET (%)	Rank
Nottingham	5.5	1	Northamptonshire	2.2	1
Birmingham	6.0	2	Nottinghamshire	3.5	2
Leeds	6.2	3	Lincolnshire	3.9	3
Bristol	7.6	4	Dudley	4.5	4
Sheffield	8.1	5	Staffordshire	4.7	5
Manchester	9.2	6	Swindon	5.4	6
Liverpool	9.8	7	Cumbria	5.5	7
Newcastle	10.9	8	Lancashire	5.9	8
			Kent	6.1	9
			Derbyshire	6.2	10
			Wigan	6.7	11

England	5.4%
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Actual number NEET (March 2012)

City	387
County	850

JSA claimant count for 18-24 year olds May 2012



Source: ONS claimant count - age duration with proportions.
Note: % is number of persons claiming JSA as a proportion of resident population of the same age
Actual claimant count:
Nottingham City: 4,330
Nottinghamshire: 5,555

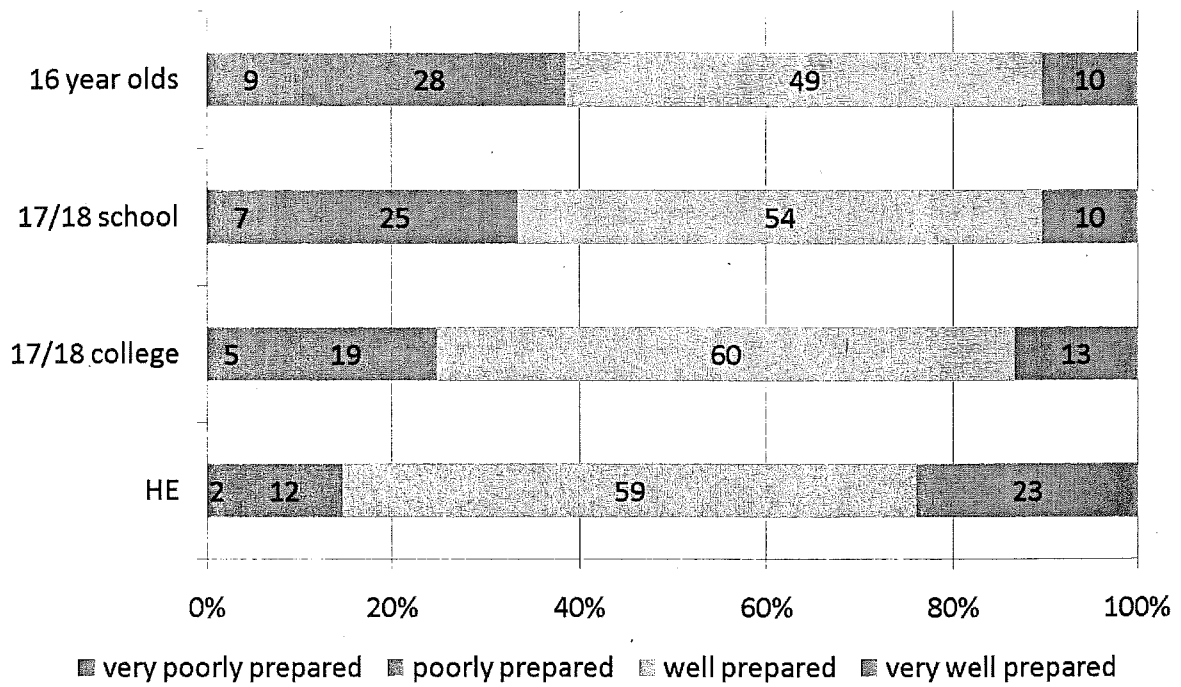
What can we do? Keep it simple!

- Create opportunities
 - make it easy and affordable to employ young people
- Prepare young people for work better
 - “employability”, enterprise, skills
- Clear pathways into work
 - better use of multi-media communications

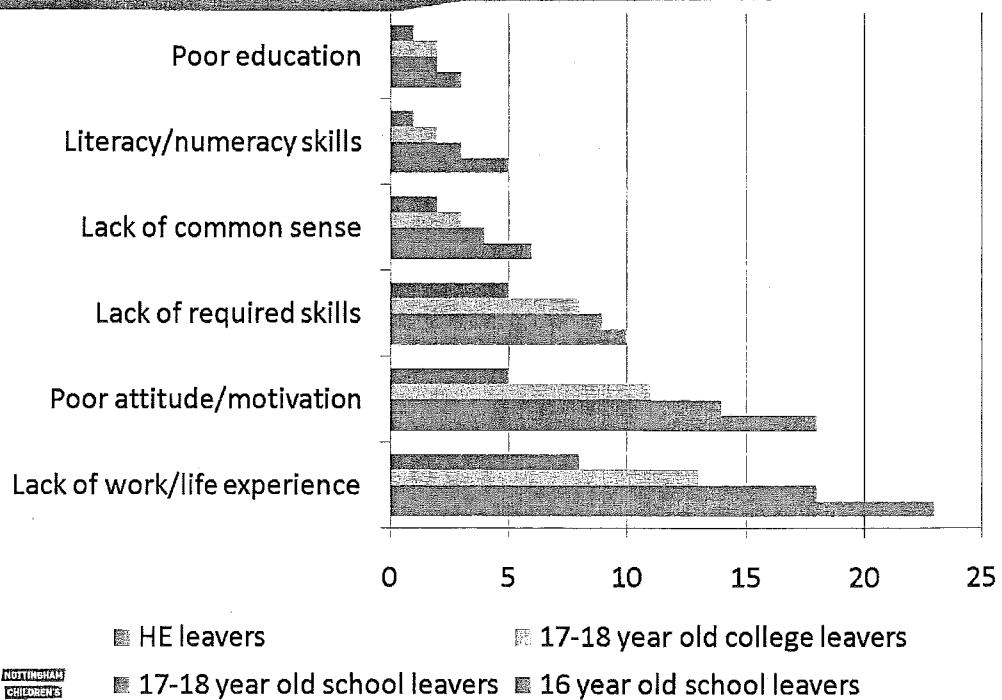
Re-inventing Routes into Work



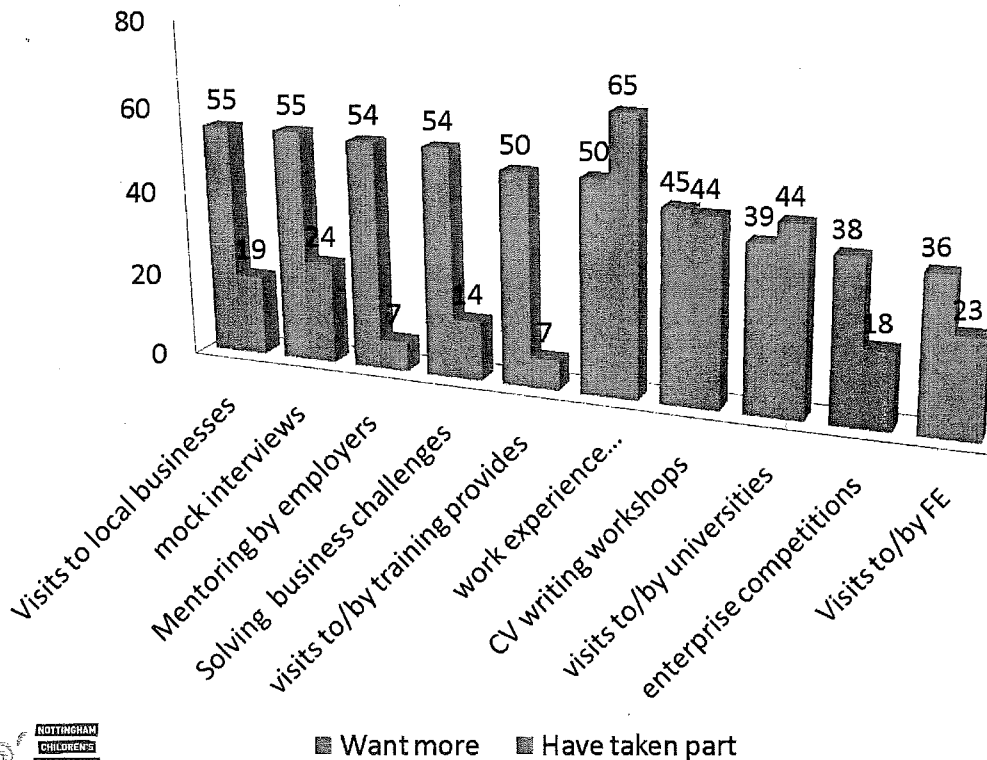
Employer views on their young recruits preparedness for work. Source: European Social Survey 2011



Proportion of recruiters who find them poorly/very poorly prepared – by reason



What do young people think will help them prepare better for work?



■ Want more ■ Have taken part

Strengths and Challenges

- Low NEET 16-18
- Strong engagement and leadership from business
- Wide perception of this as a priority
- Public sector commitment
- Strong support from FE and Universities

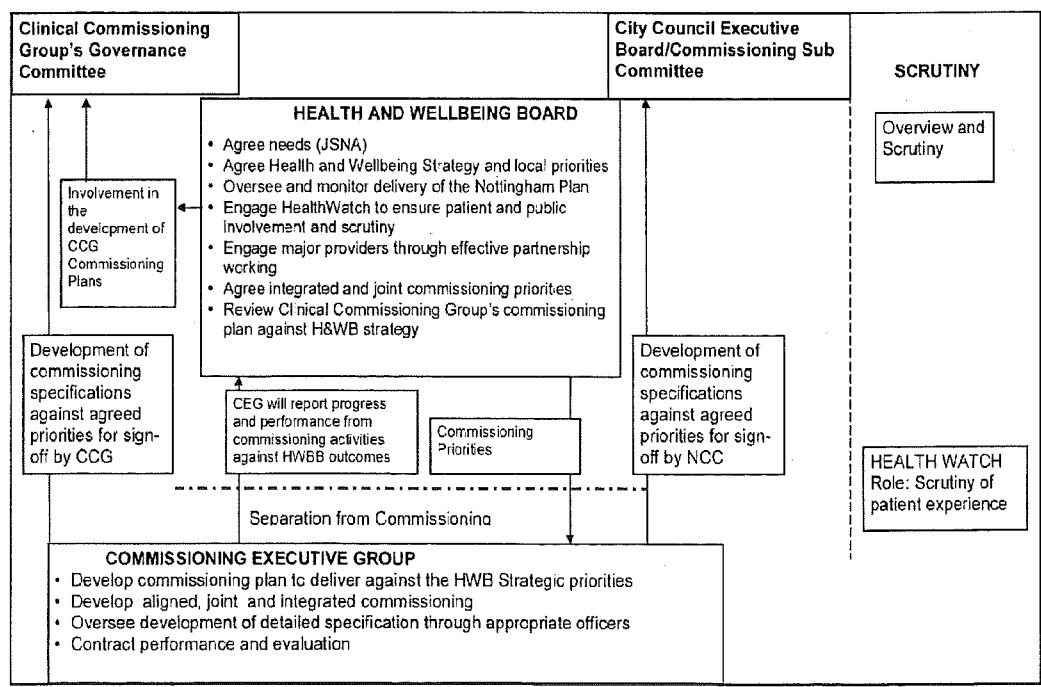
- communication with parents and young people
- leadership and co-ordination
- maximising resource and getting value from it
- making it easy for SMEs to get involved
- involving schools
- unblocking structures which limit success e.g. reduced funding for apprentices post-18

Health & Wellbeing Board Update

Ian Curryer
Corporate Director for Children & Families



Structure of the Board



HWBB Terms of Reference

- Terms of Reference agreed in June 2012
- Reports to HWBB required from:
 - Safeguarding Boards
 - Productive Notts
 - Crime and Drugs Partnership
 - Children's Partnership Board (*reporting on children's health & social care priorities in the CYPP and Nottm Plan targets around child obesity & teenage pregnancy*)



Development of Joint Health & Wellbeing Strategy (JHWS)

- Draft structure and priorities agreed July 2012
- Priority areas are:
 1. **Prevention** – 'Healthy Nottingham' – lifestyle factors
 2. **Integration** – Supporting Older People
 3. **Early Intervention** – improving mental health and wellbeing
 4. **Whole System Change** – Priority Families
- Public consultation on the draft JHWS will be launched prior to publication



A template for reducing youth unemployment?

Jean Pardoe
 Chief Executive
 Nottingham and Nottinghamshire Futures



% of 16-18 year olds Not in Employment Education or Training (NEET)

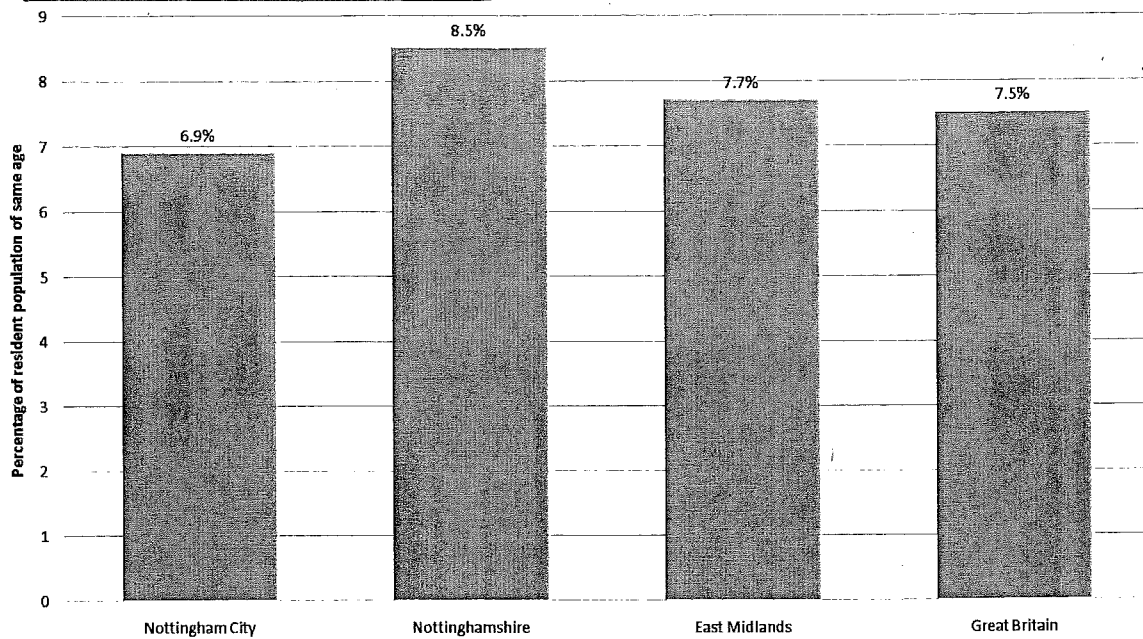
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Newcastle	10.9	8	Lancashire	5.9	8
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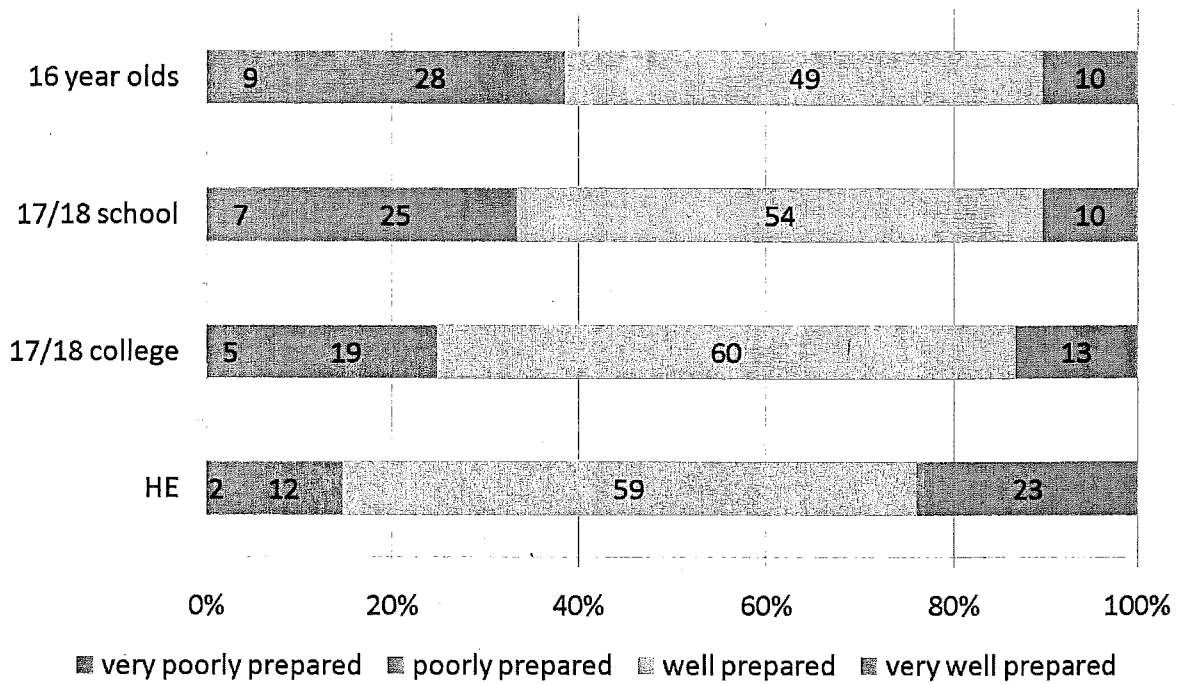
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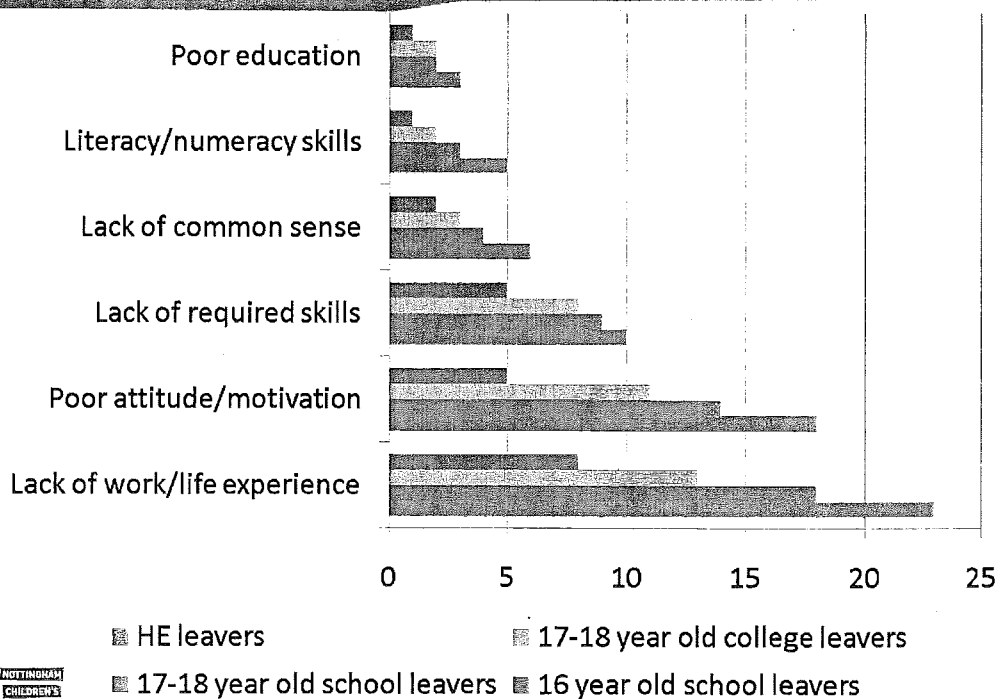
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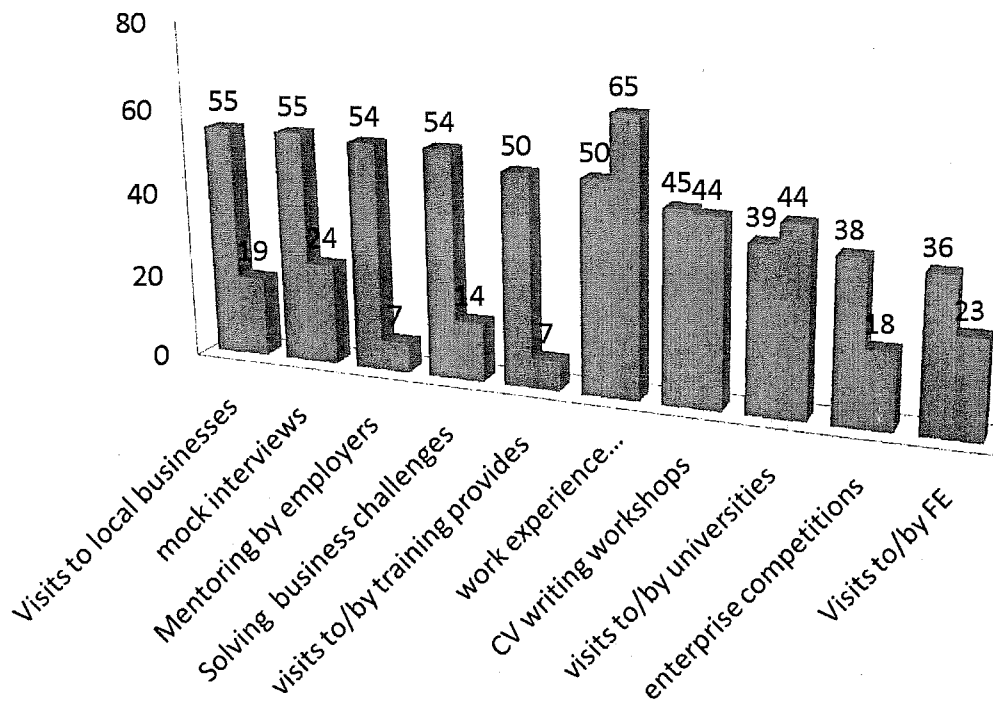
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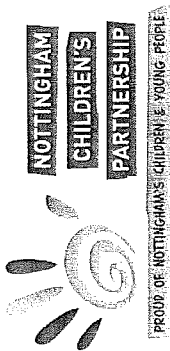


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- maximising resource and getting value from it
- making it easy for SMEs to get involved
- involving schools
- unblocking structures which limit success e.g. reduced funding for apprentices post-18



Children's Partnership Board Forward Plan

To be scheduled

Remaining CYPP priority reports: Healthy Living and Improving Attendance
LSCB bi-annual report
Teenage Pregnancy update
Vanguard plus
Priority Families
Trilogy of risk
Strategic Commissioning reviews
Aspiring Nottingham

Please contact Dot Veitch if you have any suggestions for future items for the forward plan
dot.veitch@nottinghamcity.gov.uk

